Lectures

ON THE

DIAGNOSIS AND TREATMENT

OF THE VARIOUS FORMS OF

PARALYTIC, CONVULSIVE, AND MENTAL AFFECTIONS,

CONSIDERED AS EFFECTS OF MORBID ALTERATIONS OF THE BLOOD, OR OF THE BRAIN OR OTHER ORGANS.

BEING A COMBINATION OF THE

Gulstonian Lectures, delivered at the Royal College of Physicians of London in February, 1861,

AND OF

Clinical Lectures delivered at the National Hospital for the Paralysed and Epileptic,

BY C. E. BROWN-SÉQUARD, M.D., F.R.S.,

PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, ETC.

LECTURE III.—PART II.

DIAGNOSIS OF HÆMORRHAGE IN THE CEREBELLUM.

Table of symptoms of hæmorrhage in the cerebellum and the cerebrum—Mode of origin of the various symptoms of hæmorrhage in the cerebellum—Coma, hemiplegia, anæsthesia, and some other symptoms are effects of pressure upon the pons Varolii—Amaurosis, hyperæsthesia, vomiting are symptoms of irritation of the cerebellum—A general weakness is the only symptom of loss of function of the cerebellum.

THE following table will show at a glance that there are striking differences between the symptoms of hæmorrhage in the cerebellum and those of hæmorrhage in the other parts of the encephalon, not including amongst them the pons Varolii and the medulla oblongata:—

Cerebellum.	*Cerebrum.*
1. *Coma* rarely very deep.	Less rarely very deep.
2. Frequently no decided *paralysis.*	Almost always a *paralysis.*
3. Great *weakness* in every part of the body.	*No part very weak*, except, of course, the paralysed part.
4. *No facial paralysis.*	*Facial paralysis almost constant.*
5. *Loss of expression* of the face.	*No marked loss of expression*, except as a consequence of the drawing of the face on one side.
6. *No deviation of the tongue.*	Tongue very frequently deviated.
7. *Loss of speech not frequent.*	Frequent.
8. No paralysis of muscles of the eye.	Such a paralysis not rare.
9. *Pupils generally affected*, sometimes contracted, sometimes dilated.	Pupils rarely affected.
10. *Anæsthesia very rare.*	A slight anæsthesia frequent.
11. *Hyperæsthesia frequent.*	Very rare.*
12. *Amaurosis* not very rare.	No amaurosis, unless the hæmorrhage takes place in or near the tubercula quadrigemina or some other parts of the base of the brain.
13. Excepting sometimes *tinnitus aurium*, no trouble in the senses of hearing, of taste, and of smell.	*Tinnitus aurium*, and diminution of the power of hearing frequent.
14. *Convulsions not rare.*	*Rare.*
15. *Vomiting very frequent.*	*Rare.*
16. Breathing generally very difficult.	Generally not so difficult.

* I must say that by the word hyperæsthesia, I mean simply an increase of the power of feeling, and not the existence of pains.

In the above list of symptoms, the most important are the facial paralysis, the loss of speech, and vomiting. In the cerebellar hæmorrhage, the first two will not be observed, and the last will generally exist; while in the cerebral hæmorrhage the reverse is the rule: generally no vomiting, and usually a facial paralysis, with a more or less complete loss of speech. To this I will add that the cerebellar hæmorrhage is generally fatal before a long time; while the cerebral hæmorrhage is not frequently fatal in a short time.

I have heretofore neglected what relates to the diagnosis of the cerebellar hæmorrhage compared to the hæmorrhage in the pons Varolii and medulla oblongata. In another lecture I will treat of that diagnosis.

The generation, or mode of production, of the symptoms in cases of hæmorrhage in the cerebellum is a most important subject of study to the scientific physician. The three modes by which symptoms are produced in cases of disease of the nervous centres—i. e., 1st, a loss of function of the part injured; 2nd, the effects of the irritation of that part; 3rd, the effects of pressure on neighbouring parts have a share in the generation of symptoms in cases of cerebellar hæmorrhage. This will be clearly proved by a special examination of the mode of production of each of the symptoms.

1. *Coma.*—This symptom is evidently an effect of pressure upon the brain in cases of hæmorrhage in the cerebellum as well as in cases of hæmorrhage taking place anywhere else inside of the cranium. As a general rule, the larger the amount of blood the deeper is the coma. This rule, however, is liable to exceptions, as a comatose state has sometimes been produced by a small amount of blood; while, in other cases, a larger quantity has not produced coma. One of the causes of this exception is certainly that, in some cases, the hæmorrhage is rapid, and in others it is slow; and it is well known that pressure slowly coming on is borne easily by the brain.

2. *Disorder of voluntary movements.*—Were the lobes of the cerebellum the centres that regulate voluntary movements, or the *central seats of the muscular sense*, as admitted by Professor Carpenter and Mr. Robert Dunn,* we should find a paralysis of the muscular sense, or a disorder of voluntary movements, in those cases of hæmorrhage destroying the greatest part of one of the lobes of the cerebellum. Such a disorder has been observed in a few cases, but it has not existed in many others. The existence of a tottering or disordered gait in a few patients after a hæmorrhage in one of the lobes of the cerebellum might certainly be considered as countenancing the view that these lobes have some special function relative to the direction of voluntary movements; but the fact that the irregularity of the voluntary movements in these cases exists in both sides of the body, instead of in one half only, clearly proves that the cause of this irregularity is not in the alteration in the cerebellum, as sometimes this alteration existed only in one half of that organ. In another lecture I will show, by the evidence of a great many cases, that the disorder of voluntary movements sometimes observed in cases of morbid alterations of the cerebellum, depend upon the pressure on the pons Varolii, and not upon a loss of function of the cerebellum.

3. *Hemiplegia.*—In cases of hæmorrhage in the cerebellum, where there is a hemiplegia, it clearly depends upon the pressure on one side of the pons Varolii by the blood effused. It is quite evident that it is not a loss of function of the parts altered in the cerebellum which is the cause of the paralysis, as a great many cases of alteration of the same parts have been observed without the least appearance of hemiplegia. Neither is it an irritation of the cells or nerve-fibres of the cerebellum which causes a hemiplegia, as when such an irritation causes a paralysis it is in the limbs on the side of the alteration, while in cases of hæmorrhage in one half of the cerebellum the paralysis exists in the opposite half of the body. A pressure on one half of the pons Varolii explains very clearly the production of a hemiplegia in the opposite side of the body; and the existence of a pressure on that organ cannot be doubted when we remark that even more distant organs (the cerebral lobes) are often then submitted to pressure, as shown by the production of a comatose state. Indeed the difficulty, instead of being to admit that there is a hemiplegia owing to pressure on the pons Varolii, would rather be to explain how there is not always a hemiplegia caused by that pressure in cases of hæmorrhage in one of the cerebellar lobes. It is, however, easy to understand that the pressure, except when the hæmorrhage takes place very near one side of the pons Varolii, is distributed over the whole of that organ, and that it therefore causes a general weakness instead of a localized paralysis.

* See the excellent work of Mr. Dunn, entitled "An Essay on Physiological Psychology," pp. 30-33, 1858.

4. *Anæsthesia.*—What I have said of hemiplegia applies also to anæsthesia in one half of the body; and if this symptom is so rare, it is in consequence of the fact that more pressure upon a nervous centre as well as upon a nerve is required to produce anæsthesia than to produce paralysis.

5. *Hyperæsthesia.*—The mode of production of hyperæsthesia, whether after a lesion of the cerebellum or after a lesion of the posterior columns of the spinal cord, is yet involved in great obscurity. Only one thing appears to be clear in respect to it, and it is that the increased sensibility depends upon a change in other parts than those injured, and not upon a change in the injured parts themselves.

6. *Amaurosis.*—I will show in the next lecture how frequently amaurosis is produced in cases of alteration of the cerebellum. In cases of hæmorrhage in that organ, this symptom is much less frequent than in cases of inflammatory softening, abscess, or tumour of the cerebellum; and it seems extremely probable that in the few cases of cerebellar hæmorrhage in which amaurosis has been observed there was an inflammatory softening of the cerebellar tissue round the clot. Amaurosis, as I will try to prove in another lecture, is a result of an irritation of certain parts of the cerebellum acting upon the nutrition of some parts of the nervous apparatus of vision. It is not usually on account of a pressure upon the tubercula quadrigemina that amaurosis exists in cases of disease of the cerebellum, as we find that loss of sight is sometimes observed in one eye only, and that is the eye on the side where exists the alteration in the cerebellum; while, if it were owing to a pressure on the tubercula quadrigemina, the loss of sight would be in the eye on the opposite side.

7. *Deafness and Tinnitus Aurium.*—These symptoms are not due to a loss of function, or to an irritation of some fibres of the auditory nerves existing in the cerebellum, as we find, in most cases of hæmorrhage or other alterations of the cerebellum, no paralysis of the auditory nerves and no tinnitus. These symptoms may sometimes be caused by pressure upon the medulla oblongata, and tinnitus may be due also to a simple congestion.

8. *Convulsions.*—Mechanical injuries to the cerebellum (such as pricking, cutting, &c.) in animals, do not produce the least convulsive movement in any muscle of the trunk, face, and limbs. But it is probable that new properties may be acquired in consequence of an inflammation around the clot some time after a hæmorrhage in the cerebellum, just as is the case in the brain, or in the grey matter of the spinal cord; and then convulsions may be caused through the transmission of the irritation to some other parts of the encephalon. But in ordinary cases, when convulsions take place at the time the hæmorrhage occurs, they are due to a pressure upon the pons Varolii, and sometimes also on the medulla oblongata.

9. *Vomiting.*—This symptom is, perhaps, the only one which seems clearly to result from an irritation of the tissue of the cerebellum when it is not altered by inflammation. In the succeeding lectures I will show that it is one of the principal symptoms of all the diseases of the cerebellum.

10. *Breathing.*—The difficulty of breathing in cases of hæmorrhage in the cerebellum is very easily explained by the pressure then existing upon the pons Varolii and the medulla oblongata.

When we look upon the three sources of symptoms in cases of hæmorrhage in the cerebellum—viz., *pressure, irritation, loss of function*, we find that most of the symptoms are entirely or partly produced by the pressure of the effused blood upon other parts of the encephalon, and not as a consequence of irritation or loss of function of the cerebellum. Hemiplegia and anæsthesia, as well as coma, difficulty of breathing, &c., are of that class. The symptoms of irritation are to be divided into two groups: one containing those symptoms which may occur by the irritation of the tissue of the cerebellum while it is still in its normal condition; the other containing the symptoms of irritation of the cerebellum when the vital properties of its tissue have been modified by inflammation. In the first group, I find but two symptoms—vomiting and, *perhaps*, amaurosis. In the second group I find hyperæsthesia and the symptoms of the first group—i. e., vomiting and amaurosis. No evident symptom can be considered as due to a *loss of function*, except, as I will show in another lecture, a general weakness.

I have not spoken of headache as a symptom of hæmorrhage in the cerebellum, because this symptom is variable, and exists so frequently in cases of disease of any part of the brain, or without any such disease, that it has no diagnostic value. However, a violent and persistent pain in the back of the head, and coexisting with symptoms exciting a suspicion of hæmorrhage in the cerebellum, would give an additional value to these symptoms.

PHASES OF THE UTERINE ULCER.

BY ROBERT ELLIS, ESQ., M.R.C.S.,
OBSTETRIC SURGEON TO THE CHELSEA AND BELGRAVE DISPENSARY.

IV.—THE INDOLENT ULCER.

THIS is the most common of the ulcerative diseases of the os, constituting, in different states of intensity, nearly one-half of the cases which present themselves under notice. It is not difficult, therefore, to find a model; and I will take for such the case of a patient seen to-day for the first time:—

Mrs. E. F——, is a tall, sallow, bloodless-looking woman, with blue eyes and light hair. She has a languid, passionless aspect, as though every object lacked interest for her. Somewhat of the "uterine face" may be seen in her habitual expression, and the tint of her skin is unwholesome, and as if dirty. Her pulse is feeble; her circulation languid; her tongue is pale and serrated at its edge. She is obviously a person of weak and torpid habit; and it is easy to see that disease in her, even if acute, will take on its lowest or most feeble form, and, if chronic, will be cold and sluggish in its character. She has been out of health for a very long time. Her age is thirty-six. She is the mother of two children—the last was still-born, and she has had two miscarriages. She has "never been well since her first miscarriage." She has been constantly getting weaker, but still keeps about. There is much leucorrhœa, and the discharge is often variable in its character; sometimes she has the "whites" profusely; sometimes there is a thick slimy discharge, and not unfrequently it is stained with blood. She has some—not much—pain in the back: it is not acute, but dragging and wearying. She has an idea that in her last miscarriage "the after-birth did not come properly away." She has sometimes found that if she is flurried, the annoyance is followed by a discharge of mucus stained with blood, and sometimes of blood. Thus far for her general history; and it will be seen that it affords strong presumptive evidence of the existence of uterine disorder.

Examination with the finger confirms this supposition. There is no heat of the vagina, its walls are relaxed, and there is a copious mucous discharge. The size of the uterus is larger than natural, and it drops lower in the vaginal canal than is meet, in consequence of the diminution of support from the walls of that passage. There is no evidence—and this is important, in view of her last remark—of polypoid growths, either in the body of the uterus or cervix. The uterus is entirely movable, and of uniform outline and contour. The os is obscured by a plug of mucus, which can be easily made out by the finger. It is patulous, a little tender, but not hot to the touch; feels granular, and is trumpet-mouthed in its figure. The speculum shows the general colour of the cervix to be of a greyish-pink, exhibiting but little trace of inflammatory redness anywhere but at the os. All the coloured representations of uterine ulceration which I have ever seen err on this point—that they exalt the colour of the cervix generally, and thus lower the intensity of the redness in the seat of the disease. In this case the contrast is most striking. The os and canal, as high as can be seen, are of a rose-red colour, but the cervix all around is of a pale-red hue, and moderately soft—not fungous, however. The granulations are rather large and flattened, not very sensitive, but easily bleeding on being wiped. There is a large piece (if one may use the expression) of blood-tinged mucus, very tenacious, and most difficult of removal, clinging to and filling up the os and canal. The ulcerated, everted, and bell-shaped os uteri presents a very remarkable appearance. There is not much hypertrophy of the cervix. Only in the rose-red colour of the ulcer do we seem to *see* evidence of an inflammatory process; and in the size of the granulations, the precise limit of the redness, the comparative pallor of the surrounding tissue, we have proof that it is inflammation of a very feeble and localized character.

We shall not be wrong in putting down this case amongst the weak and indolent ulcers of the os uteri. But the value of this model would be wholly lost if it should be regarded as a total expression of the features of the indolent ulcer. It is, indeed, a well-marked case of a weak and indolent ulcer, complicated with but little of other anatomical lesion. There is no hypertrophied basis, and the general tissues of the cervix appear to have undergone little or no change. It is therefore well adapted to serve as a model of the disease in question. But it is certainly not common to find the cervix in this state. Most

generally it is the seat of hypertrophy and induration, and the ulcer is surrounded by a faint halo of feeble inflammation.

It is probable that this form of ulceration originates in one of two conditions: either it is from the first a feeble sore occurring in a feeble habit of the body; or (which is the most common) it is an enfeebled sore resulting from a long pre-existing state of more active inflammation. In like manner may exist a weak ulcer on the skin in a person of feeble and torpid constitution, or a similar sore may arise out of a long-neglected ulcer which has at one time passed through the inflamed or irritable stages. In either case the same pathological elements come out. There is a perpetual and abortive production of granulations, large and weak in their vitality; these perish, and are succeeded by others; and the disintegration of these, and the discharge from their surface, have an unfortunate tendency, by their constant drain, still more to lower the powers of life in the unhappy sufferer, and thus to perpetuate the mischief.

The indications for treatment in cases of indolent ulcer are, under this view of its pathology, easily to be made out; and they point to a plan of cure essentially differing in its character from that to be adopted in treating the inflamed ulcer. There is, indeed, a most distinct line of demarcation to be recognised between the indolent and the inflamed ulcer; notwithstanding they may stand in relation to each other through a declining series of inflammatory conditions. To give even small doses of blue-pill and to leech a patient with an indolent ulcer, were a mistake of no slight importance. What is here needed is to rouse up the vital energy of the patient's constitution, if that be in any way possible, to at least an ordinary standard, and simultaneously to put an end to a local mischief in itself acting as a depressing cause. Toward the former end, a liberal allowance of stimulants may be regarded as of great importance. Several glasses of good wine may be allowed in the course of the day. These are probably the cases in which alone wine in any considerable quantity is of much use. But it must of course be remembered that the power of disposing of wine varies greatly in different cases; and what may be easily, and indeed beneficially, taken by a patient with an open skin, loose bowels, and active kidneys, may be injurious to another of a different habit. This, however, may be said,—that very generally the patients who suffer from indolent ulcer are those who can bear wine well. The combination of sesquichloride of iron with dilute nitro-muriatic acid, and *small* doses of quinine and strychnia, appears to me to satisfy all the general indications for a system of tonic treatment. This combination has been very useful in my own experience. It is essentially a "hæmatinic" medicine; and while repairing the loss of blood which drains away at the menstrual periods, it also tends to amend the lax state of constitution which suffers that drainage to occur. Moderate exercise, frequent use of the cold douche, and cold sponging down the spine, followed by really hard rubbing, occasionally a cold sitz bath, and living much in the open air, comprise the general hygiene of these cases.

The local measures must run with equal step in carrying forward the above course of treatment. Without this the hope of curing the patient is remote indeed, and the more so because very probably she has long since gone the round of all that can be done in the way of general treatment. She may be amended and gain strength; but she will inevitably fall back again, and ultimately the case must be abandoned to its fate if local treatment be not adopted. Not the use of injections, nor the application of ointments "by the patient herself,"—these will not comprise the local treatment which will cure her. The most useful routine to be adopted is the following:—The first one or two applications should be of the solid stick of nitrate of silver. Though insufficient to set up a curative process, the effect of this will be to restrain the secretion of the viscid mucus which interferes with the proper use of more powerful escharotics, and which can by no means be removed by the use of cotton-wool. Then, with a cylindrical glass speculum, and after carefully removing all the secretions from the os and canal as far as possible, and imbedding the lower lip of the os in a little cushion of cotton-wool dipped in liquor potassæ, a thorough application, by means of a dossil of lint of appropriate size, of the escharotic given below,* must be made to the highest point of the canal first, and then to the os. The diseased surface may then be lightly swabbed with the cushion of cotton-wool, which will neutralize any free acid, and afterwards wiped dry with fresh cotton-wool. Too much care cannot be taken in using this powerful fluid caustic to prevent its application to more than the proper surface of the ulcer; and the speculum should be withdrawn a little way before finally removing it, so as to allow the lips of the os to close, and a drop or so of the caustic may thus often be wiped away which otherwise would have attacked the vaginal wall. In order also to obtain its full effect, and thus to obviate the necessity for its repeated application, the ulcerated surface should be very carefully dried with cotton-wool. The mistake of plunging a stick of potassa fusa, or a dossil charged with fluid caustic, into the midst of a rope of mucus depending from the os, is not unfrequently made. And it is an important practical fact, that by proceeding in the way above indicated—namely, by first of all treating the canal with lunar caustic, and so staying the secretion of this mucus, a far better effect is obtained by the higher escharotic. This, which is a severe dressing, will not need to be repeated more than two or three times, at intervals of a fortnight or three weeks. The ordinary application of nitrate of silver will be continued during the intervals until the cure is effected.

The effect of this application is very remarkable. A healthy-looking sore, with small granulations, follows the separation of the slough, and the whole of the cervix assumes a more vivid colour, evincing a higher vitality. I believe the effect of the strong nitric acid, charged with nitrate of silver, and thus possessing stimulant and astringent properties to a very high degree, to be superior to that of any other escharotic in the treatment of the indolent ulcer. A very moderate degree of experience in treating uterine disorders will satisfy the surgeon that a very distinct and differing result is obtainable by the use of escharotics of different compositions. But on this point there is only room here to observe, that the special characteristic of the strong nitric acid is to produce an ulcer of great vitality in place of one of low and sluggish action; and that it appears to communicate a powerful stimulus to the surrounding structures. As there is often a fear—felt, if not expressed—that the use of this and similar strong escharotics is attended with much pain on the part of the patient, it ought constantly to be borne in mind that it is the feeble, and not the powerful, escharotics which give the most pain. I have not unfrequently seen a state of acute suffering induced by the application of lunar caustic far overpassing the pain that the strongest escharotic could produce; and a little consideration suggests the easy explanation of this fact. In about eight or ten weeks the indolent ulcer is cured; and, what is specially interesting, for many months after the patient continues to improve. The wearying pain and constant discharge, which pulled her down and dulled the edge of her life, being removed, she is again able and willing to take her active place in the duties of her calling.

Sloane-street, 1861.

* Strong nitric acid, half an ounce; powdered nitrate of silver, half a drachm. Acid of proper strength is to be had of any good operative chemist. Its specific gravity ought not to be less than 1500. The nitrate of silver in this proportion forms nearly a saturated solution; if the acid be of the density indicated, it will scarcely take up the whole quantity. Of the powerfully stimulating and beneficial effects of this strong escharotic, I have had very considerable experience.

THE HOT BATH: ITS PHYSIOLOGY, USE, AND ABUSE.

ESPECIALLY IN CONNEXION WITH THE TREATMENT OF DROWNING.

BY CHARLES HUNTER, ESQ., M.R.C.S. ENG.,
LATE HOUSE-SURGEON TO ST. GEORGE'S HOSPITAL.

(*Continued from p.* 134.)

"There is no reason to believe that warm air is better than cold; perhaps it is not so good."—BRODIE'S "Pathology," *Lecture on the Treatment of Strangulation*, p. 76.

"Temperature therefore within these limits (104° and 32° Fahr.) exerts a direct influence on the vitality of the nervous system."—EDWARDS "On the Physical Agents of Life," chap. vi.

"The warm bath is of doubly fatal tendency."—MARSHALL HALL "On Drowning," p. 76.

Effects of the bath in health—Brodie's views of drowning and use of the bath—The question of heat in the treatment of suspended animation—The effects of hot air upon the skin and lungs—Difference between hot-air and water baths—Physiological conclusions.

To the healthy individual there is nothing, perhaps, more agreeable than to luxuriate for a short time in a warm or hot bath. The general heat of the skin occasioned by a bath from 98° to 100° Fahr.; the induced sense of comfort, repose, and mental tranquillity; nay, the very drowsiness itself which it it also occasions,—all tend to the sense of enjoyment.

Its effect, then, is to *compose the brain*, which effect is *one result* of these induced phenomena: 1st, diminished freedom of respiration; and, 2nd, a greater detention in, and determination of blood to, the skin, and a less, therefore, to the brain.

Now it is this very state of *induced quiet* which is not desirable, and is therefore to be avoided, in suspended animation; for what with the primary influence of shock, the absence of respiration, and the slow circulation of carbonized blood through the whole system, tranquillity enough already exists, and it ought to be our object to arouse the patient from it.

When we recall to mind how frequently drowsiness and sleep have been results of the warm bath, and how invigorating the air feels on leaving the bath, we cannot but conclude that a prolonged hot bath is *not* the best thing possible to *revivify* from suspended animation.

What, then, is the object of the bath?

It must *not be used as a cardiac stimulant*, because it does not stimulate respiration in like proportion, and would therefore be aiding and abetting in the circulation of poisonous blood, and of causing death by narcotism.

And it is not a respiratory stimulant or excitant, save from *the very difficulties* which it throws in the way of respiration.

There is, then, *no* plausible pretext for it than—to use the words of Sir B. Brodie—"that the body should not lose its natural heat."

Two letters, it may be recollected, were published in May of the present year from Sir B. Brodie to the Secretary of the Royal Humane Society upon this subject. Those letters, which received no comment from the profession, were regarded as a defence by some of the Humane Society for their persistent use of the continuous hot bath. If Sir Benjamin Brodie advocates the continuous hot bath of half an hour, as still practised by the Royal Humane Society, he is the only physiologist of eminence that does. But such an advocate Sir Benjamin Brodie, with the sound physiological views he holds of drowning, cannot be. Nor do those letters, when examined with care, tell in favour of the "poison-to-poison" system; for he tells us that death is "from absence of air," and that "the want of due oxygenation or decarbonization of the blood is the sole cause of the animal's destruction;" and he fully agrees with Dr. Hook that "the heart does *not* require the external aid of the respiration to keep it going;" and he further adds—which is very important—"that the heart in drowning *does go on acting* and circulating (what must therefore be poisonous) blood after the lungs have ceased action." (Brodie's "Pathology," pp. 61, 85, &c.)

As to treatment, Sir B. Brodie therefore recommends, and most naturally, *artificial respiration in the first place*, the primary necessity for which he evidently saw when he came to the conclusion that "if that action of the heart by which the circulation is maintained should cease, as a consequence of the suspension of the respiration, it can never be restored." (p. 81.)

Now under what condition is it that he does recommend the warm bath? Not as a primary means; not where the breathing is deficient; not, therefore, in the *extreme cases*, but for patients who *are* recovering. The passage is:—"In patients *who are recovering* from the effects of drowning, even more than in those who have been strangled, it must be of importance to supply the waste of animal heat by placing them in a warm temperature. The warm bath forms a simple and convenient method of attaining this object."

Sir Benjamin Brodie's remarks on the bath are, he tells us, chiefly founded on accounts he had received from others "more practically conversant in the matter" than himself. On this subject he further adds: "The preservation of the body from external cold must be always important where the progress of recovery *is tedious*."

Thus Sir Benjamin Brodie is not an advocate for the bath as used by "the Society." He does not recommend it to restore respiration, although he thinks it may promote the natural *efforts**—mark the word—to inspire; but to retain the animal heat, and to aid the circulation: points which he himself has shown to be of secondary importance only.

But so little merit does he think the bath possesses, that he says: "But I cannot doubt that whatever advantage it may afford may be obtained by keeping the patient in an atmosphere of a moderately warm temperature." (Ibid., p. 83.)

And in his second letter he remarks, "What is really wanted is, that the body should not lose its natural heat; and whether this be accomplished by dry application or by moist application, as the moisture cannot penetrate beyond the cuticle, would appear to be of small importance."

The amount of importance is the subject of discussion in this paper. As the only apparent authority for the bath says that heat is the only object for its use, and that whether it be used or replaced by some other means is of small importance, how desirable it is that some less injurious mode of furnishing heat—if it is needed—be known and used.

Concerning temperature. "At the same time," says Sir B. Brodie, "I certainly think it important that the temperature of the bath should be rather *below*, certainly not above, the natural temperature of the body." Thus the infallible bath of the Royal Humane Society is not only not necessary, but has unfortunately been used too hot of late years! Presuming the bath to be the most important means of treatment, in how many cases of drowning in a year in England is it likely to be at once within reach? I will venture to say, not one in a hundred; and if such is the case, and heat is really desirable, surely it behoves us to find some more ready means of applying it than one which is seldom, if ever, likely to be at hand.

The next important question is raised, though not answered, by Sir B. Brodie—*Whether dry heat be preferable or not to moist?* Which again suggests the following questions of detail:—

1st. If dry heat is to be preferred, which kind of dry heat—that from the use of hot air, of clothing, of friction, or of what?

2nd. Which kind of dry heat application is likely to be most frequently at hand on all occasions?

3rd. Or whether surface heat, generated *from within the body* by artificially or naturally renewed respiration, will be found sufficient.

Supposing this latter should be found sufficient, then heat from without is not called for at all, and the object with which the bath is used becomes no object at all, and the bath becomes a superfluity, and so do all those measures of like tendency for heating and retaining heat in the skin.

The effects of hot air.—But as heat to the skin by means of hot air may be of service, let us consider its effects upon the system.

Experiment 15.—A hot-air bath was taken, all parts of the body save the head and face being submitted to its influence. The heat was commenced at 100° and gradually raised to 135° Fahr., during the thirty-five minutes that the bath was tried. Pulse previous to bath 64 in the dressing-room, at about 68° Fahr. There was great determination of blood *to*, and detention of blood *in*, *the skin*, the temperature of which felt much increased, and there was evidently more blood than usual in it from its general vascularity visible on leaving the bath. The *cardiac pulsations* were increased in rapidity considerably more than natural (64 to 100), each fresh accession of hot air causing an increased frequency of the pulse. The *respiration* did not seem much affected, save that occasionally a deep inspiration took place, or rather a sigh, such as results where the respiration has been partially interfered with by mental application, reading, &c. The brain seemed lulled, drowsiness was occasioned, and for some time afterwards a degree of languor and inaptitude for mental work existed. Corporeal languor was another of the after-effects.

Hot air to the pulmo-cutaneous surface.—In a room of hot air an additional physiological agency is at work, for not only is the whole of the cutaneous surface exposed to the influence of *heat*, but also the entire pulmonary membrane.

The effects of heat thus administered have been made the subject of investigation by Dr. Fordyce, Mr. Blagden, and others. These experiments were made in rooms of various temperatures, which were heated by flues. The following details are most to the present purpose:—

Experiment 1.—Temperature of room 120° Fahr. Dr. Fordyce found his pulse at the end of twenty minutes to be 145; the veins of the skin had become very large, and universal redness had diffused itself over the body; respiration but little affected; diaphoresis profuse.

In another experiment, the pulse rose to 139, at 130° Fahr.

Experiment 3.—Dr. Solander, Mr. Banks, Dr. Blagden, and Dr. Fordyce found that their respiration was rendered neither quick nor laborious; the only difference "was a want of that refreshing sensation which accompanies a full inspiration of cool air."—(Phil. Trans., vol. lxv., pp. 604–10.)

These gentlemen did not find their bodies so disordered as they anticipated; still "they experienced some inconvenience: their hands shook very much, and they felt a considerable degree of languor and debility; Dr. Blagden had also a noise and giddiness in his head. ..... *These various effects were removed by the cool air.*"—pp. 609, 610.

Further experiments are recorded in the same volume by

* Physiological means *excite* and favour increased respiration; but the bath, after the first minute or so, occasions *efforts*, for it mechanically embarrasses the movements of the chest.

Dr. Blagden, whose observations are so important that I quote his words:—

"For seven minutes (in a room with the temperature varying from 240° to 260° Fahr.) my breathing continued perfectly good, but after that I began to feel an oppression in my lungs, attended with a sense of anxiety, which gradually increasing for the space of a minute, I thought it most prudent to put an end to the experiment, and immediately left the room." His pulse, on coming out, was 144, more than double the natural rate. "To this circumstance (of the pulse) the impression on my breathing must be partly imputed, the blood being forced into my lungs quicker than it could pass through them; and hence it may very reasonably be conjectured that should a heat of this kind ever be pushed so far as to prove fatal, it will be found to have killed by an accumulation of blood in the lungs, or some other immediate effect of an accelerated circulation."—(Phil. Trans., vol. lxv., p. 696.)

Other experiments, related by Mathew Dobson, chiefly showed that the circulation was amazingly quickened with little or no increase of the *animal* heat. (Ibid., p. 689.)

There are certain matter-of-fact conclusions that one cannot fail to arrive at from reading these various experiments, which must strongly help to decide the question whether heat or the hot bath is injurious or not in the treatment of drowning, or indeed of suspended animation *from any cause*.

From the preceding examination of facts, it becomes evident—

1. That hot air—with or without inhalation—to the skin is not a respiratory stimulant; and
2. That very hot air oppresses the respiration.
3. That hot air, with or without inhalation, accelerates cardiac action, and the more according to the heat of that air.
4. That the ordinary ratio between heart and lung action is destroyed, and that to the diminution of the rate and power of lung action, which ought the most to be renewed.
5. That languor and muscular debility are also results.
6. That nerve power generally is diminished.
7. That, though the skin may be heated, there is no physiological increase of the animal heat.

And with regard to the water bath, the obvious conclusions are even more unfavourable: for—

1. It is a cardiac stimulant, and
2. A direct depressor of respiratory action to a much greater extent than hot air is, and therefore more injuriously so; for, besides preventing cool air playing on the surface of the body, it impedes cuticular transpiration and perspiration, which *might* cool the body in some measure. And, what is still more injurious,
3. It causes the respiration to be even more difficult than usual, *from the mechanical pressure that the water exerts upon every inch* of the chest, and also of the abdomen.

The hot-air bath fails to assist the respiration, whilst the water bath, with all the bad qualities of the hot-air, directly impedes it. There is, then, a treble tendency to death by apnœa if the drowned person is placed in the hot bath. There is—

1. The partial or complete apnœa already occasioned by submersion;
2. The increased congestion of the lungs by the heat (from the heart stimulation); and
3. The mechanical barrier to lung action from the pressure of the water.

While the poisoning of the blood is being thus assisted, every real remedy, as observed by Marshall Hall, is excluded!

True physiological means of renewing the animal heat have yet to be considered, which inquiry will be materially assisted by an examination of cases of drowning that have been treated by the bath.

Wilton-place, Belgrave-square, 1861.

ON A

CASE OF POISONING BY PRUSSIC ACID.

BY S. LAWRENCE GILL, L.R.C.P.E.

M. A. C——, a French chemist, after a few words with his employer, entered his laboratory at half-past four P.M. An hour having elapsed, and as he had frequently been heard to say that he always carried a deadly poison, one drop of which would produce sudden death, the gatekeeper felt alarmed, and ventured to open the door of his room, but seeing him sitting in an easy posture, (and, as he thought, looking him impudently in the face,) retired. The gatekeeper communicated what he had seen to the clerk, who exclaimed, "I believe he has committed suicide; I was dreaming all last night that he had done so. Let us go together and see." They did go, and found him speechless. In an hour and a half from his being last seen alive, I was on the spot. I found him fully dressed, with a loose wide-awake on, and sitting in an easy, natural posture, his elbow resting on a table, hands folded together, and knees crossed; a one-ounce bottle, (empty,) labeled "Prussic acid," and with *stopper replaced, standing* close to his right elbow. There was no indication of the slightest struggle. He sat staring one (I may say) in the face, his head slightly thrown back, forehead suffused and of a lead colour, cheeks pale, lips purple, clammy cold perspiration over face; eyes staring, dry, and glassy, conjunctival vessels brilliantly injected, pupils greatly dilated, eyelids rigid; nostrils dilated and rigid; tongue and lips dry, brown, cold, and pressed firmly against hard palate; lips and jaws apart; body coldish, moist, and rather rigid. I could not detect the slightest odour of prussic acid either from the patient's mouth or in the room, although but an hour and a half had elapsed since he had entered it alive. No scream was heard, nor were there any indications of convulsions. He had passed a black motion into his trousers.

Remarks.—Ascertained facts respecting death from this acid (even if the patient be not seen until after death) may be of value. 1st. In this case no scream was heard, although the top of the laboratory window was down some inches, and a person stood outside, within three yards of that window, for some time, and was within ten yards from the time deceased entered until he was found dead. 2nd. There was a total absence of froth from the mouth, as the lips, tongue, and fauces were perfectly dry and horny; not the slightest moisture either on his neck-tie or front of his shirt. 3rd. There was no indication of convulsions, which, owing to posture, must have been evidenced had they been present.

Bow-road, 1861.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam allorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CHARING-CROSS HOSPITAL.

THREE CASES ILLUSTRATING THE RESULTS OF A NEW OPERATION FOR THE RADICAL CURE OF UMBILICAL HERNIA.

(Under the care of Mr. BARWELL.)

A LARGE proportion of the infants who have exomphalos get well without any necessity for further surgical assistance than may be implied in an abdominal bandage and pad. But there are some in whom the protrusion increases in size, who are very much troubled with colicky pains and flatulence, which prevent them wearing an effective belt, and whose chance of recovery under ordinary circumstances seems very small. Mr. Barwell has for some time past performed in these cases a simple and very successful operation, which, before attempting it on the human subject, he had tried on a retriever pup with good result. The following is an account of some of Mr. Barwell's cases:—

Sarah T—— brought a male child, aged thirteen months, to Mr. Barwell, at the Charing-cross Hospital, stating that a lump, which she was told was a rupture, kept getting larger; that the child was ill, seemed always in pain, was very fretful, did not feed properly, and got constantly thinner; and that, as she was going with her husband to Australia in about three weeks, she was desirous that something should be done if possible.

On examination, a hernia as large as a bantam's egg was

found, and when it was returned the opening readily admitted the finger. Mr. Barwell's proposal of an operation was accepted. Chloroform was administered, and the following performed:—

The hernia having been returned, and a careful examination showing that absolutely no abdominal protrusion remained, an assistant held his finger over the opening. The skin of the navel and surrounding part being pinched into a transverse fold, a bistoury was thrust through, so as to make a longitudinal incision over or even into the sac, which was then freely opened, the tough remains of the umbilical vein turned upwards, and the ring exposed. There was now some little difficulty in keeping the bowel back, and yet allowing sufficient room for the further steps; but the spoon end of an ordinary grooved director was passed through the navel, and then held against the inner part of the opening—i. e., against the inside of the belly, stopping the hole internally instead of externally. Three silver sutures were then placed across the gap, the precaution being taken to seize each edge with forceps, and turn it forward, so as absolutely to see the point of the needle safely beyond all chance of wounding the bowel. When the sutures were all placed, but not fastened, the director was withdrawn, the wires were twisted, and the opening was seen to be satisfactorily closed. The external wound was also secured with silver sutures.

Feb. 16th.—The child has been seen since the operation, and everything is progressing favourably; is less fretful, and feeds better.

March 2nd.—The external wound has healed soundly. The wires appear to cause no irritation, there being beneath the skin of the navel a hard but small fibrinous thickening, which covered them. The woman was going in two days to take the child with her to Australia.

Jane D—— brought to Mr. Barwell a girl, aged six months, with a rather large umbilical hernia, on Nov. 18th, 1860. The child was thin, fretful, and fed badly. The mother said it always appeared to have bellyache, drawing up the legs, and screaming, and at those times the rupture was largest, so that she thought its size produced the pain. An operation was proposed and accepted. Chloroform was not administered. The same steps were taken to expose the opening in the linea alba, which, however, being smaller than in the last case, required a different manœuvre to be properly sewn. The operator pressed the tip of his finger into the opening, and on passing the needle across it took care that its point should absolutely glide along his finger from side to side, and be thus safely guarded from puncturing the bowel. In this case two sutures only were required.

Nov. 30th.—The child has been brought backward and forward once or twice. The external wound has all healed except a little part in its centre, which suppurates. On looking into this a gleam of silver can be seen. A pair of forceps were introduced, and the wire untwisted and brought out; the other could not be found.

June 30th, 1861.—The mother brought the child to show the condition she was in. She is now a fine girl, and there is no trace of hernia, and very little of any operation wound.

Barbara E——, aged eight years, was brought to the hospital by her mother on the 3rd of April, for "starting of the navel," which increased in size. The hernia was found as large as a hen's egg. The child had worn a bandage, but without much apparent benefit. The operation being proposed, was accepted. Chloroform was administered, and the same method of operating employed as in the last case. Three sutures were used.

April 8th.—There has not been a bad symptom.

Mr. Barwell took the wire sutures out of the skin-wound; a part below had not healed. At the bottom of that opening it could be seen that one of the sutures in the linea alba produced the irritation that kept the wound open. A pair of forceps were passed in, and the wire untwisted and withdrawn.

22nd.—The wound has healed.

May 13th.—The child was brought back to-day on account of a little discharge from the upper part of the old wound. The union of the skin, which had looked quite firm, had given way. On clearing it of pus, the glitter of silver could be seen; forceps were introduced, and the two wires, which were lying loose, withdrawn.

22nd.—The wound has healed; the opening in the abdomen is perfectly closed by a firm junction. Of course no vestige of protrusion remains.

In addition to the preceding cases, Mr. Barwell has had two others since his first operation early in 1859, but they are all similar, there having been, in neither instance, any inflammatory symptom. His oldest case is that last narrated, and he says the operation was easier than in the younger subjects. There is, therefore, certainly no reason why it should not be performed on adults, where the additional size and room would render the manipulation easier, without adding to the very slight chances of danger.

UNIVERSITY COLLEGE HOSPITAL.

DISEASES OF THE RECTUM.

(Under the care of Mr. HENRY THOMPSON.)

LAST month we observed a very complete series of cases of rectal disease and malformation, under the care of the above gentleman, which gave an interesting *coup d'œil* of almost all the affections that could be regarded as surgically interesting in connexion with the rectum. They were all presented at one operating day (Sept. 12th), and in the following order:—

A CASE OF EXTERNAL AND INTERNAL PILES, WITH A LARGE ULCER OF THE ANUS POSTERIORLY.

The patient was a woman, about forty-five years of age, who had suffered many years. The usual symptoms of ulcer had been long present—namely, severe and continuous pain in the sacral and lumbar regions for three or four hours after stool. Mr. Thompson remarked that this was the usual situation of the ulcer in ordinary cases where it was associated with piles, and had no specific character; but that there was another form of this disease, in which similar symptoms occurred, where the ulcer was situated at the anterior margin of the anus nearest to the vulva. This form most generally occurred in prostitutes, amongst whom it was common, and it was syphilitic in its character. The same treatment also was usually necessary where the sore had continued for some time, and was neither of a primary character nor amenable to constitutional treatment. In cases of soft or non-infecting chancre of the vulva, it was by no means uncommon for the anal sore to be produced through contagion from the chancrous discharge. No benefit, but the contrary, was obtained from incising such an ulcer at the outset; but after the healing of the other sores, if this still remained unaltered, the incision should be resorted to.

The piles in this case were ligatured and excised, and the ulcer divided by a slight incision through its base. The patient has since left the hospital for the country, and is at present weak, although greatly relieved.

CASE OF STRICTURE OF THE RECTUM IN A YOUNG WOMAN.

About two inches above the anus a very firm rigid stricture, barely admitting the tip of the finger, was encountered on making examination. The patient had been submitted to a six months' course of bougies, during which time a moderate degree of dilatation had been made, but with scarcely any benefit to the symptoms, and no improvement in the size or form of the motions, which were extremely small. There was no sign whatever of malignant disease; the stricture was evidently a firm fibrous contraction of the bowel, the cause of which did not appear on investigating her history.

Mr. Thompson introduced his forefinger, and, lying flat upon it, a narrow probe-pointed bistoury. Insinuating this within the stricture, he turned the blade against the morbid tissue, with the effect of enabling the end of the finger to pass through the stricture. It was now apparent that the tissue was denser and firmer at the back and on one side than elsewhere, and on these aspects therefore the edge was again turned three or four times. A full-sized bougie now passed with tolerable ease, and a little, but not much, bleeding followed.

The bougie was introduced daily for some time, and she left the hospital in about three weeks, passing her motions of fair size and with greater ease than for years before. Ordered to attend twice a week for the passing of the bougie.

CONGENITAL DEFICIENCY OF THE ANUS.

The patient was a child three months old; the fæces had passed entirely through the vagina. There was the trace of a channel in the situation of the anus, but a probe could not be passed by it. An opening was first established in the natural course, and then, after reviving the edges of the unnatural orifice in the vagina, these were closed by the silver-wire suture. A bougie larger than any urethral size was passed into the bowel, and ordered to be repassed every night and morning for a few days. After a week a larger instrument was introduced once a day, and all the fæces now passed by the proper channel.

CASE OF INTERNAL PILES IN A MALE SUBJECT.

The tumours, which had been previously protruded below the sphincter and remained there, were isolated by three ligatures in the usual manner, and a few external piles were removed by the scissors. The patient left the hospital cured in about a fortnight.

A CASE OF PROLAPSUS OF THE BOWEL IN A MIDDLE-AGED MAN.

The lower end of the bowel presented itself externally to the anus as a large ring-like mass, forming one entire portion, and not separable into independent tumours like the preceding case. It had existed many years, and had been gradually increasing in size, entailing severe suffering on the subject of it. The mass was divided into three or four separate segments by stout whipcord ligatures, and a fold or two of the external skin was removed by scissors from the external margin of the anus. The case has since progressed extremely well; the ligatured parts have separated, and no protrusion occurs at stool or otherwise.

There were also two cases of fistula in ano, to complete the series; but, from some reason connected with the condition of the patients, the operations were not performed until the following week.

ROYAL FREE HOSPITAL.

CASES OF SUPERNUMERARY THUMB, IMPERFORATE VAGINA, AND IMPERFECT DEVELOPMENT OF THE EAR, IN CHILDREN.

(Under the care of Mr. THOS. WAKLEY.)

AMONGST the out-patients at this hospital, three children were brought by their mothers, on the same day, who were affected with congenital deformities. These were, as we learn from Mr. J. D. Hill, the house-surgeon, a supernumerary thumb in a female infant, six weeks old, situated on the right hand, and growing from the metacarpal bone of the true thumb. The extra thumb, although rudimentary to some extent, possessed three joints, and was removed with success. Formerly, a double thumb was considered a rarity, but the experience of our hospitals proves it to be by no means unfrequent.

Another infant of the same age and sex was the subject of an imperforate vagina. The membrane which closed the passage extended quite to the urethra, which possessed a very small orifice, so small, indeed, that it caused difficulty of micturition, and it was for the relief of this inconvenience that application was made. The hymeneal membrane—for so it must be considered—which closed the vagina, was laid open by a crucial incision, which at once relieved the tension in the urethral orifice, but the latter was enlarged by an incision as well. The membrane was nearly three-eighths of an inch thick. The ultimate result of the operation was successful, so far as micturition is concerned.

The deformity in the third child, a female infant, seven weeks old, consisted of an arrest of development of the left external ear, to the extent of about one-half. The concha projected forwards and downwards, and had not the natural shape. There was a deficiency in its lower part. False positions, clefts, and partial auricles are noticed by Mr. Harvey in his practical work on "The Ear in Health and Disease." He mentions that the helix and lobe are often wanting, and that the concha has been found convex, instead of being concave.

There is a curious fact, however, in connexion with the external ear, which cannot be overlooked, and it is, that whether the auricle is wholly or partially wanting, hearing is said to be perfect. Notwithstanding this, no physiologist will deny that the auricle performs very important functions as an auxiliary to hearing.

ST. MARY'S HOSPITAL.

STRANGULATED FEMORAL HERNIA; OPERATION WITHOUT OPENING THE SAC; PERSISTENCE OF SYMPTOMS; SECOND EXPLORATORY OPERATION; RECOVERY.

(Under the care of Mr. LANE.)

E. L——, aged thirty-nine, was admitted on the 5th of October, with a strangulated femoral hernia on the left side. She had had a rupture for thirteen years, and had worn a truss. The strangulation had commenced the day previous to her admission. The vomiting was severe and had become stercoraceous, and the other usual symptoms were well marked. The swelling was about the size of the fist.

All attempts at reduction having failed, Mr. Lane made a T incision over the tumour, and exposed the hernial sac, which was very loosely connected with the surrounding parts, and bulged forwards through the wound. He then divided the stricture without opening the sac, and attempted to return the intestine. Not succeeding in this, a small puncture was made into the sac, and a considerable quantity of bloody serum escaped, after which the protruded intestine was readily reduced, and also a portion of omentum, without any further opening into the sac. The omentum at one point was adherent to the fundus of the sac, and as it passed back the sac was inverted and drawn upwards with it into the abdominal cavity. This recession of the sac took place the more readily in consequence of the unusually loose connexion of its fundus with the surrounding parts. The wound was then closed in the usual way.

During the following two days no relief of the symptoms occurred, but the sickness, constipation, and all the other signs of strangulation continued unabated. It was thought necessary, therefore, on the third day to perform a second exploratory operation. This consisted in opening the wound, in introducing the finger through the femoral ring, and in drawing down the sac, which was not accomplished without some difficulty. The sac was then opened, but no intestine was found in it. The adherent piece of omentum was cut away below a ligature previously applied about an inch above its point of attachment. From this moment she began to improve, the vomiting immediately ceased, and the bowels acted during the night. At the date of this report (twelve days after the second operation) she was progressing rapidly towards recovery.

This case, it will be observed, is not an instance of reduction *en masse* of the sac and its contents, but the sac was emptied of its contents before it receded into the abdomen. The neck of the sac was not separated from the femoral ring, but the body of the sac was inverted through the neck into the abdomen. The neck of the sac was not incised, or otherwise interfered with, either in the first or second operation, except so far as was necessary in dividing the stricture external to it. It is not easy to understand why the symptoms of strangulation should have continued after the first operation; and the cause of their disappearance immediately after the second operation is also by no means evident. It is, however, not improbable that the inverted sac, with omentum attached to its fundus, in some way incommoded the convolution of intestine which had previously occupied the cavity of the sac, and whose contiguous surfaces had probably become adherent to each other.

STRANGULATED FEMORAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. JAMES LANE.)

A. F——, aged fifty, was admitted on the same evening as the patient whose case has just been related, and in a very similar condition. She had had a swelling in the right groin for twelve years, but had never worn a truss. Symptoms of acute strangulation had existed for twenty-four hours previous to her admission. Reduction having been found impossible, the operation was performed by Mr. Jas. Lane at eleven P.M. of Oct. 7th. An incision was made over the tumour towards its inner side, with the view of dividing the stricture external to the sac; but from the dark colour of the intestine, as seen through the sac and its covering after the incision had been made in the skin, it was thought better to open the sac at once, and to examine its contents. These were found to be, a piece of small intestine about six inches long, and a portion of omentum, the lower end of which, as in the former case, was adherent to the sac. The intestine was of a very dark purple colour, and appeared to have suffered considerably from the constriction, but was nevertheless sufficiently sound to warrant its return into the abdomen. The stricture, which was very tight, was divided from within in the usual direction; the intestine was returned, and, as far as practicable, the omentum also, but that portion of it which was adherent to the sac was not interfered with. The wound was closed with three interrupted sutures.

The vomiting ceased from the time of the operation, and the abdominal pain and other symptoms gradually subsided. The bowels were kept quiet by opium until the third day, when a mild aperient was given, and a copious evacuation was obtained.

With the exception of a small superficial abscess in the neighbourhood of the wound, this patient recovered without a bad symptom.

ST. GEORGE'S HOSPITAL.

SYMPTOMS OF DISEASE OF THE BRAIN, THE RESULT OF A CYST FOUND IN THE CEREBELLUM.

(Under the care of Dr. FULLER.)

No manifestations of cerebral disturbance were noticed in the subject of the following case up to four weeks previous to admission, when giddiness ushered in unmistakable symptoms of disease, which terminated fatally. The autopsy revealed the presence of a cyst in the cerebellum, the period of the formation of which is a question of much pathological interest. Reasoning from analogy, the inference is very strong in favour of the growth of the cyst for some time prior to the occurrence of giddiness:—

George S——, aged sixty, was admitted on December 12th, 1860. He was said to have had good health until four weeks before his admission, when he began to be frequently giddy. When in the hospital he was odd in his manner, as if insane, frequently asking to be killed, and insisting on shaking hands with all comers. He often got out of bed, and liked to micturate on the floor. His statements were incoherent and contradictory. No disease could be at first made out, and it was contemplated sending him to an asylum. When he had been in the hospital for a few days it was found that he had considerable loss of power in the left limbs, and bichloride of mercury was ordered. (Iodide of potassium, ten grains; liquor of bichloride of mercury, two drachms: three times a day.) This did not cause much alteration. The right eyelid was half shut, but was incapable of quite closing, and the eye itself without vision; the conjunctiva was covered with mucous secretion. Cinchona was now given with iodide of potassium. He gradually became drowsy, and was evidently getting lower. He had wine and ammonia; but he soon became stertorous and comatose, and so expired on Jan. 5th, 1861.

Autopsy, eighteen hours after death.—The body much emaciated, with a bed-sore on the right buttock. There was a very large quantity of clear serum in the lateral ventricles, and the convolutions of the brain were somewhat flattened. The septum ventriculorum was entire, but thinned and rather soft. In the left hemisphere of the cerebellum was a large cavity, about equal in size to a walnut, filled with clear serum, and lined by a smooth, shining surface, in which several large vessels were to be seen. There was no trace of the corpus dentatum on this side. The cavity reached nearly as far as the fourth ventricle, but was separated from it by a portion of the medullary tissue of the cerebellum. The vessels at the base of the brain were healthy. There were partial old adhesions on both sides of the chest. All the other viscera were healthy.

WESTMINSTER HOSPITAL.

NOSE BITTEN OFF, AND SEWN ON AGAIN; TEETH KNOCKED OUT, AND REINTRODUCED; ADJUSTMENT OF A PIECE OF DETACHED SCALP.

IN THE LANCET for 24th August last, Dr. Nichols recorded a successful instance of re-adjustment of a nose that had been accidentally separated. His communication was followed by others from Dr. Cory (p. 216), Mr. Horton (p. 262), Mr. Francis Mason, and Mr. John Jones, of Ilfracombe (p. 239), detailing instances of conservation of the finger (four instances), teeth, and nose, that had been detached. We now add three other cases, forwarded by Mr. Slayter, the late house-surgeon to the Westminster Hospital. The record of these various cases ought to convince surgeons that no chance should be thrown away of trying to save small portions of the body which have become detached. The importance of this practice is well seen by the success which has attended it.

A woman came to the hospital in May last, about five o'clock P.M., and stated that she had had her nose bitten off by another woman about an hour previously. She brought the piece with her; it was quite black, and covered with dirt. However, Mr. Slayter washed it in warm water, and carefully sewed it on again with silver wire. In a fortnight it was perfectly attached, and had been adjusted with such accuracy that one could scarcely tell she had ever lost her nose.

A man entered the hospital in March last, and stated that he had had three of his teeth knocked out in a fight. On examining his mouth, it was found that he had lost his three upper incisors, which he brought with him. Mr. Slayter tied them in with silver wire, and in ten days two were quite tight; the other would not stop in.

In April last a man came to the hospital, and showed Mr. Slayter a piece of his own scalp, about the size of a five shilling piece, which he stated had been knocked off by a quart pot in a fight. It was sewn on, and in less than a fortnight it was perfectly united.

ST. BARTHOLOMEW'S HOSPITAL.

SEBACEOUS TUMOUR SITUATED UPON THE LEFT AURICLE OF A BOY; SUCCESSFUL REMOVAL.

(Under the care of Mr. SAVORY.)

THE scalp, face, and neck are the favourite sites of atheromatous or sebaceous tumours, although they are occasionally met with in other regions of the body. An instance in which a number of small sebaceous cysts had coalesced, and formed a single oblong tumour upon the back of the left ear, came under observation, at St. Bartholomew's Hospital, on the 26th of October. The patient was a boy, twelve years of age, who had been the subject of this growth for some time; it was of the size of a small almond, and occupied the posterior surface of the upper part of the concha. Mr. Savory treated it in the same manner as is practised on the scalp—namely, by cutting it across with a scalpel, seizing its cut edge with a pair of forceps, and pulling the several cysts from out of their loose cellular bed. The adhesion of the walls of the cysts was stronger than usual, and required a little dissection to assist in their removal. Chloroform was not used. The boy is doing well.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 28TH, 1861.

MR. COULSON, PRESIDENT.

DR. EDMUNDS brought a bitch dog to show the members of the Society. The animal was suffering from a large indurated ulcer on one of its mammæ, which exhibited all the characteristics of scirrhus. In the bitch and cat he remarked that the disease was common. The bitch was twelve years of age, and had had many litters of pups; but had ceased to breed for several years. The disease first commenced six months ago. He said that at the request of some members of the Society, he would extirpate the disease, and report at some future meeting the progress of the case.

Dr. ALTHAUS then read a paper

ON CERTAIN POINTS CONNECTED WITH THE NATURE AND ACTION OF MINERAL WATERS.

The author introduced his subject by stating that mineral waters had a special claim upon the attention of the medical profession, not only on account of their remarkable physiological and therapeutical properties, but also because they were the only medicines offered to us by Nature in a state fit for immediate use. Although, however, by the progress of science, the subject was every day rendered more worthy of deep consideration, it had been very much neglected in this country, probably in consequence of England not being so rich in remarkable spas as the Continent, so that the opportunities for observing their effects were not so plentiful here as elsewhere. He then gave a short historical account of the use of mineral waters as curative agents by the Greeks, the Jews in Palestine, and the Romans, which latter, in the course of their warlike expeditions in Europe, Asia, and Africa, everywhere sought for thermal springs, and erected large bathing establishments near them, remains of which even now existed in many parts of the old world. The history of mineral waters was then briefly traced through the middle ages up to our own time, when, in consequence of the great facilities for travelling now afforded, and also through the high degree of perfection obtained in the

manufacture of artificial mineral waters, their use had become almost universal. The author then said that, although a large number of eminent men of science had directed their study to the nature and action of the spas, there were still many points on which most erroneous impressions existed with regard to them, and in which the prevailing inclination to look beyond the boundaries of physical laws was strongly manifested. One of these was the temperature of the springs, it being believed that the heat possessed by certain waters was not identical with ordinary heat, but possessed peculiar properties. The reason for first assuming a difference between the two was the circumstance that the indifferent thermal springs—namely, such as contained scarcely any foreign ingredients—were proved to possess most remarkable curative properties, which did not belong to ordinary waters of the same temperature, and which were believed to be due to the peculiar kind of heat inherent to the spas. The author then discussed the several points which ought to be borne in mind in conducting experiments on the heat of the mineral springs. There were the influences of conduction, radiation, and evaporation to be taken into account, if we wished to compare the cooling of identical liquids which possessed the same amount of caloric. Different liquids, however, possessed a different degree of specific heat, and water would cool differently according to the quality and quantity of solid and gaseous ingredients it contained. It was therefore not to be expected that mineral water should lose its heat in the same proportion as ordinary water. If water contained salines in solution, the evaporation was diminished, the boiling point became higher, and the freezing point lower. When due regard was paid to all these circumstances, it was found that a fundamental difference between the two kinds of heat did not exist.

The author then considered the part played in mineral waters by carbonic acid, which not only greatly contributed to the solubility of certain salts contained in the water, but also rendered them more palatable and more agreeable to the stomach. Carbonic acid was found in the springs, either free, as gas, or bound to certain bases, with which it formed carbonates, sesquicarbonates, and bicarbonates. The amount of it contained in the waters was dependent upon several conditions, the chief of which were hydrostatic and atmospheric pressure and the degree of temperature. The more or less intimate connexion of carbonic acid with certain mineral waters had been made the subject of much mystical misrepresentation. No doubt the gas appeared loosely bound to some, and firmly impregnated in other, mineral waters; but such phenomena could always be explained in a scientific manner. Where temperature and pressure were not sufficient to account for them, they were generally connected with the specific gravity of the water, or with the circumstance whether other gases were kept in solution or not. The sources from which the waters derived their carbonic acid were of various kinds; the most material of them was, however, the decomposition of limestone (which, together with silica, formed the greatest portion of the solid crust of the earth), partly by sulphuric and hydrochloric acids, which existed in the interior, and partly by a simple process of calcination, due to the subterranean heat, and which was assisted by the presence of aqueous vapours. An outlet was provided for carbonic acid, thus formed, by volcanic agency, through which the crust of the earth was torn asunder, and the impediment to the free escape of the gas from the interior was taken away.

The author then gave a short account of the more remarkable acidulated mineral springs of Germany, France, Italy, and Greece; and said that the phenomena observed in such places were so remarkable, that we could not be surprised to find an uneducated age and people looking upon them as manifestations of supernatural powers. The hissing, whizzing, and gurgling sounds occasioned by the discharge of the gas were by the ancients believed to be the voices of demons: it was on places like those described, the "spiracula orci," that, according to Homer and Virgil, Odysseus and Æneas went to the lower world to meet the spirits of the departed, and that oracles were founded, which were used by the cunning priesthood to deceive the vulgar.

The next subject introduced was the physiological action of Carlsbad water.[1] The author said that, in judging of the therapeutical action of the spas, the mistake was frequently committed of merely taking into account the principal constituents of the water, and of concluding from their known medical effects upon the action of a special spa in which they predominated. A mineral water was a complex medicine, which had a peculiar mixture, a certain temperature, and in which a great variety of solid and gaseous constituents were intimately blended together. The only means to arrive at a satisfactory explanation of the curative effects produced by them was, therefore, to study their action when administered to healthy subjects, and to draw our conclusions from the physiological effects which these waters produced. He did not mean to say that we should limit the employment of the waters to such diseases only in which, from their physiological effects, they appeared likely to prove beneficial, as we should then unnecessarily restrict their use. There could be no doubt that we were justified in administering them in all cases in which experience showed them to have been successful. But this did not diminish the importance of physiological researches; it should rather be a stimulus to us to endeavour to bring, by continued experiments and observation, both physiology and therapeutics more and more in accordance with each other. The principal results of a series of physiological researches undertaken with Carlsbad water by Prof. Scegen, of Vienna, were then given, especial regard being paid to the quantity of the fæces, the quantity and the composition of the urine, and the weight of the body.

The author concluded his paper with some remarks on mineral waters containing lithia; and adverted to the researches undertaken on this substance by Lopowitz, Mr. Alex. Ure, and Dr. Garrod. Quite recently, Professor Bunsen, of Heidelberg, had shown, by a new method of qualitative chemical analysis, that lithia was a substance most universally encountered in nature, being contained, not only in a large number of minerals, but also in sea-water, in certain woods, in fucus, in the ashes of tobacco, of grapes, of vine-leaves, of corn, of milk, of the human blood and muscles. The most considerable quantity of it was, however, found in two of the thermal springs of Baden-Baden, in one of which two grains and a third of chloride of lithia were contained in sixteen ounces of water, representing nine pounds three quarters in a hundred pounds of the salt extracted from that spring—that is, a quantity of lithia worth £90 sterling. In consequence of the analysis made by Professor Bunsen of these springs, they had, during the last season, for the first time been extensively used in cases of gout and uric-acid diathesis. Dr. Ruef, of Baden-Baden, had communicated to Dr. Althaus the results of his experience with these waters, which were highly satisfactory, as many cases of gouty affections of the joints and the sheaths of the nerves and muscles had been cured by them within three or four weeks.

A discussion followed, in which Dr. Edward Smith, Dr. Thompson, and some other members of the Society, took part.

JUNIOR MEDICAL SOCIETY OF LONDON.

THURSDAY, OCT. 24TH, 1861.

MR. FAGGE IN THE CHAIR.

AT a meeting held at Guy's Hospital, Mr. WEAVER (Guy's) read a paper on

JAUNDICE.

Cases of jaundice, he said, are divided by Frerichs into those of obstruction in the biliary passages, and those where there is no discoverable obstruction. The former class include cases where there is constriction of the common bile duct, closure of the common or hepatic duct, constriction of the liver, or closure of the ducts within the liver itself. Constriction of the common duct occurs in jaundice from catarrh; from pressure, as of the gravid uterus or impacted fæces in the colon; from glands in the liver fissure enlarged by lardaceous, tubercular, or cancerous infiltration; and from gall-stones. A case of lardaceous liver and jaundice was well exemplified in a girl aged eighteen: the liver had been enlarged for seven years; jaundice had existed for one year. As an instance of gall-stones causing obstruction, the author cited the case of a woman who had previously suffered from calculus of the kidney and hæmaturia: the jaundice was too intense to be the result of renal irritation; she suffered paroxysms of agonizing pain; improvement in four weeks. The effects of obstruction in the biliary ducts were considered. The bile, unable to find exit into the duodenum, is reabsorbed. The liver-cells are still performing their function, as bile does not pre-exist in the blood. The epithelium of organs and the epidermis are the agents for the excretion of bile pigment in jaundice. Absence of bile from the intestines induces the paleness and fetor of the fæces, and also constipation. Long continued obstruction produces dilatation of the ducts and of the gall-bladder, and for a time enlargement of the liver. The correctness of the statement that in these cases the liver-cells disappear, leaving only granules, is denied by Dr. Wilks. Ulceration, abscess, and peritonitis may ensue.

For instance, a woman aged fifty had symptoms of gall-stones, then jaundice with pyrexia, and enlargement of the liver; death resulted. At a post-mortem examination, the liver was found riddled with abscesses, the ducts were greatly enlarged, and small gall-stones were impacted in the common duct. The main duct may be closed by various causes, as cancer of the pylorus, duodenum, or pancreas. The ducts within the liver itself may be obstructed by cancer, hydatids, or inflammatory deposit, by a mass of dead membrane passing down the hepatic and common ducts, by cirrhosis, and by congestion of the liver, the minute bile-ducts being obstructed by distended bloodvessels. The author recorded cases of most of these forms of obstruction. Passing on to the cases where no obstruction is discoverable, we have the effects of mental emotion, pyæmia, fevers, &c. In a case of jaundice from pyæmia supervening upon ulceration of the rectum, the liver was found to be green, and studded with white spots from pus; and jaundice from syphilitic caries of the frontal bone was cited as having occurred in a case of pyæmia. Of acute yellow atrophy of the liver, in which there were most severe symptoms and acute jaundice, there are three preparations, the author said, in the Guy's Hospital museum; the livers weighed respectively 2 lbs. 2 oz., 1 lb. 3 oz, and 1 lb. 9 oz. Frerichs' theory of these cases is that the acids of the bile get changed in the blood into bile-pigment.

An animated discussion ensued, in which the following members took part:—Messrs. Galton, Clarke, Yeo, Sydney Turner, Hindle, Meadows, Pye Smith, Best, Hilles, and Stevenson.

Mr. MORTON (St. Thomas's) exhibited a specimen of Bronzed Skin in connexion with Supra-Renal Capsule Disease.

Mr. TREWHELLA (Guy's) exhibited a specimen of Ulceration of the Fauces after Scarlet Fever; and also a portion of Lung of the same patient, showing the three stages of pneumonia.

Mr. WEAVER having replied, a vote of thanks was unanimously returned to him for his interesting paper.

The next meeting of the Society will take place at the London Hospital on the 21st of November.

Reviews and Notices of Books.

A System of Surgery, Theoretical and Practical, in Treatises by various Authors. Edited by T. HOLMES, M.A. Cantab. In Four Vols. Vol. II.: Local Injuries; Diseases of the Eye. London: Parker.

[SECOND NOTICE.]

IN pursuance of the design expressed in our first notice, we proceed to examine more critically the separate articles which compose this volume. It opens with an essay on "Gun-shot Wounds," by Mr. Longmore, the Professor of Military Surgery at Fort Pitt. The author speaks with all the authority which an intimate acquaintance with his subject and personal experience of the recent wars can give. His contribution not only indicates the progress of military surgery, but lends data to civil surgeons. Sir Astley Cooper said that the experience of the Peninsular War gave an unprecedented impulse to surgery; and although the sagacity of a Hunter or a Guthrie is not always at our service, we may anticipate useful teachings from the stern lessons of every campaign. One of Hunter's favourite doctrines—that amputation should not be performed after gun-shot injuries until the first inflammation was over, since it was "a violence superadded to the injury"—we have completely unlearned on the field of the Crimea. Guthrie had already called it in question on the ground of his Peninsular observations, and in both the English and French armies in the Crimean campaign the success of primary amputation greatly exceeded that of secondary amputation—sometimes by as much as two-thirds. The modern practice is, then, to perform necessary operations as soon as possible after the first intensity of "shock" has passed off. The great success of this practice is partly due to the benignant influence of chloroform, negatively in preventing pain and alarm, and positively in its action as a stimulant. The experience of all the recent wars has shown that chloroform is quite applicable to operations after gun-shot wounds; and that while hundreds owed their lives to the facilities which it affords for successive and multiple operations, for diminishing shock, and for completely examining severe injuries, accidents were unknown after its use.

Modern improvements in projectiles have modified the aspect of military surgery. The number of wounded is now enormously greater in proportion to the strength of the army. Colonel Welford stated recently in public that 80,000 rounds of ball cartridge were fired in Caffraria from the old musket in one day, and only twenty-five Caffres were known to be hit; while at Cawnpore, one company of soldiers brought down sixty-nine horsemen at a single discharge of their Enfield rifles. At Solferino, 38,000 men were laid *hors de combat* in twenty-four hours. This increases the strain on the resources of the army surgeon to an immense extent. The wounds caused by the conical rifle-bullet differ from those of the old circular bullet in some important respects. From the velocity of the bullet, it rarely happens now that the ball lodges. Then again, in lieu of the strangely circuitous course often taken by the half-spent ball of the old Brown Bess, the rifle-ball takes commonly a direct course. From its wedge-like shape and screw motion, it splinters and comminutes the bones to a greater extent than hitherto; thus the joints are often indirectly implicated by fissures spreading into them. Although the lodgment of balls is less to be expected, Mr. Longmore does not omit to enforce the necessity of patiently investigating this point in all doubtful cases; mentioning particularly that case, so well known now, in which a bullet entering the loin passed through the body of a lumbar vertebra, reached the bowel, and was ultimately discharged per anum, the patient surviving for some years. The old distinctions between apertures of ingress and egress are diminished now; Mr. Longmore's remarks on this point (p. 25) are important to adepts in juridical science. When the muzzle of the weapon is applied close to the skin, as in suicidal wounds, a circular hole without puckering or inversion of the skin, together with dark discoloration of the integument for several inches round, are observed at the wound of entrance; when the wound is inflicted from a distance, the opening is irregularly circular, with the edges a little torn and the whole wound slightly inverted.

Passing to the description of regional injuries, the author discusses with great ability and clearness the recent views as to the extent to which resection and excision may be carried, quoting a very striking case in which great muscular power remained in an upper extremity from which the whole of the ulna, two inches of the humerus, and the head and neck of the radius were removed! Trephining, formerly so general in gun-shot injuries of the skull, is severely criticized as a dangerous and rarely useful proceeding. Only in four cases was it successfully applied in the Crimean War (and none of these were from rifle balls). This part of the essay will be read with particular interest. In matters of treatment, a general agreement prevails with civil surgery. We must venture, however, to question the partial approval which Mr. Longmore accords to venesection in penetrating gun-shot wounds of the chest, especially when he says that "where hæmorrhage is manifestly going on internally, it may be practised with a view of drawing blood from the system, and more speedily inducing faintness, to give an opportunity to the pulmonic vessels to become closed."

"Injuries of the Head" are discussed by Mr. Prescott Hewett with a minute and skilful judgment, which accords with his known devotion to the study of this department of surgery. Trephining comes again under review. Five times out of eight Pott successfully trephined for abscess between the skull and dura mater; but no such success has followed those who imitated his practice. Mr. Hewett believes that the successful issue in such cases is all but unknown to surgeons in our time. The rules for applying the trephine are, therefore, defined with jealous care, as also those for diagnosing, and thus setting free extravasation of blood between the bone and dura mater. In the treatment of fractures of the vault of the skull, Mr. Hewett limits the immediate indications for operation to the case of

compound fracture with depression, or depressed fracture without open wound, but with primary brain symptoms. The discussion of these varieties of injuries of the head and their appropriate treatment is full of nice questions, which are nowhere developed so accurately and solved so carefully as in this essay. Watery discharges from the ear after fracture of the base of the skull supply another favourite problem to surgeons. All the theories are discussed. The author has no doubt that they are sometimes due to escape of the cerebral spinal fluid, and has proved that in these cases the fracture, cutting across the meatus internus, and communicating with the tympanum, lacerates the tubular sheath of the cerebral membranes surrounding the seventh pair of nerves. Sometimes, however, there is watery discharge and no fracture across the meatus internus. Here Mr. Hewett gives good reason to believe that it proceeds commonly from the inflamed membrane of the middle ear rather than the liquor Cotunnii, as many surgeons have held. In analyzing concussion and compression, the author shows that little credit can attach to the celebrated histories of death from concussion without lesion of the brain-substance; and maintains the opinion that, notwithstanding the teaching of great masters in surgery, there is no evidence which stands rigid scrutiny to show that mere concussion has ever proved fatal without injury to the brain-substance. We cannot follow the author through all the parts of his subject; but it must be said of this treatise, that it places the surgery of injuries of the head on a new and firmer basis, and that it also places British surgery in advance of the French school, which had almost monopolized the discussion of these points.

Mr. Shaw treats of "Injuries of the Back" with a completeness and system which have never before been accorded to their consideration. The varieties, symptoms, pathological characters, and mode of production of sprains, fractures, and dislocations are described with an evident love and intimate acquaintance with the subject, which may be well appreciated in the relative and co-labourer of Sir Charles Bell. The opinions of that distinguished physiologist and surgeon are repeatedly quoted. Unhappily, the treatment of these injuries is mainly palliative, and rarely ends prosperously. As to the choice of bed, the means of averting genito-urinary disease, the prevention of bed-sloughs, &c., all is said that ingenuity and experience can suggest. Mr. Shaw gives strong opposition to the practice of trephining the spine under any circumstances. It has lately been advocated by Dr. Brown-Séquard.

"Injuries of the Abdomen" are commonly only a few degrees less serious in their prognosis than injuries of the back. Mr. Pollock has furnished a monograph on this subject, which exhausts the resources of surgery in enumerating, classifying, and systematically reviewing all the possible lesions of this cavity and its contents. It is impossible to do more than mention a few of the prominent questions discussed. Popular opinion ascribes a peculiarly fatal effect to blows in the epigastrium. Does a blow on the pit of the stomach ever destroy life without leaving any appreciable organic lesion? Surgeons have commonly been disposed to answer affirmatively. After reviewing the evidence in this essay, the answer will probably be in the negative. When death occurs, rupture of a viscus or large vessel has almost invariably been found. If severe, such ruptures are usually hopeless; but in a careful summary of conclusions, Mr. Pollock observes that recovery from rupture of the liver, spleen, or kidney may often be anticipated. Absolute rest, the strictest observance of a perfectly recumbent posture, the administration of opium, sometimes calomel, with suitable local applications, are the means of treatment on which Mr. Pollock correctly lays stress. The rules for treating wounds of protruded intestine are laid down with useful clearness and good sense. If small, the wound should be secured by ligature; if large, by sutures, and the protruded viscus returned. This is brief; but it resumes the conclusions of a host of argumentation carried on since the celebrated essays of Travers on "Wounds of the Intestine." The ordinary notion of treating for foreign bodies which have been swallowed—as, for example, beads or coins by children—is to pursue them by purgatives. Mr. Pollock suggests that the more solid and copious the contents of the bowel the more likely is the piece of money to be caught and dragged onward by them. He favours, therefore, a few days of constipating diet, and discourages the use of purgatives. This is the practical expedient of the thieves and smashers, who often swallow rejected coins. In dealing with sharp-pointed objects, such as pins, the rule holds yet more strongly.

Mr. Birkett deals with "Injuries of the Pelvis" in a paper which deserves the praise awarded to brevity. This is an exceeding merit in a "System" so extensive. The author is dogmatic, yet not completely informed upon the subject on which he writes. Thus, in dealing with injuries of the urethra, there is a regrettable absence of details on the subject of plastic operations for remedying them, a branch of surgery which has recently acquired great interest. In treating of ruptured perinæum in the female, Mr. Birkett wholly ignores the important operative proceedings by which that injury has been so successfully remedied in many hundreds of cases by English and foreign surgeons. The whole subject is dismissed in twelve lines, and the only reference given is to "a case in 'Guy's Hospital Reports,' 1855, p. 184," as though surgery could not progress beyond the limits fixed at Guy's.

Contrasting favourably with the preceding is the essay in which Mr. W. H. Flower treats of "Injuries of the Upper Extremity." Strange to say, this is neither a compilation from Astley Cooper, Smith, and Hamilton, nor a copy of Malgaigne. Mr. Flower has differed from many recent authors on fracture and dislocation in comparing what has been written with what may be observed. The result is that he has detected some original errors in the description of these injuries which were first committed by the early masters, and have since been copied by subsequent writers. In the case of dislocation of the humerus, Mr. Flower shows, by the result of examinations of a large number of existing museum specimens and of recent dislocations, that not only is the "subglenoid" dislocation of the humerus not the typical form, as Sir Astley Cooper and all subsequent writers have supposed, but that it is distinctly rare; and that in thirty-one out of forty-one specimens of dislocation at the shoulder-joint preserved in the different anatomical museums of London, and in forty-four out of fifty recent cases specially examined by competent observers, the head of the humerus was placed so close beneath the coracoid process as to justify the name of "subcoracoid." This point Mr. Flower seems fully to have established, and it is a remarkable instance of the influence of authority in perpetuating an error even in matters of every-day observation. It is an emphatic warning to every surgeon always to use his own eyes, and not to trust to classical descriptions.

Want of space compels us to omit the analysis of the full, accurate, and trustworthy papers of Mr. Grey and Mr. Holmes Coote; that of Mr. Holthouse is hardly up to the standard required in a book which professes to represent the highest knowledge of a representative committee of the hospital surgeons of London.

A considerable share of the volume is occupied by Mr. Dixon in dealing with the large and interesting subject of "Diseases and Injuries of the Eye," and when one remarks the voluminous treatises which are wholly filled by this department of surgical literature, we cannot think that too much room has been assigned to it here. Mr. Dixon is a veteran author on the subject; it is unnecessary to say that his essay is sensible, well constructed, and thoroughly advanced to the last stages of ophthalmic progress. Fortunately we have in him an ophthalmic author perfectly well informed of all the refinements and novelties of foreign and home oculists, skilful to test them, and singularly sensible and straightforward in appreciating their value. In treatment the author represents advanced views: "The vulgar errors of to-day are but the

solemn dicta of our forefathers" (p. 681). Depletion and mercurialization, the old weapons of the oculist, he rarely uses. Even in purulent ophthalmia and gonorrhœal ophthalmia the Sangrado treatment is to be superseded by one of soothing and tonic remedies, and careful constitutional regulation. In strumous ophthalmia "the local application is too often just that which is most hurtful—nitrate of silver." The "barbarous proceeding termed scarification of the lids is, it is hoped, so nearly obsolete as not to require notice." Warm-water applications, soothing and sometimes feebly astringent lotions, fresh air, careful diet, and judiciously united tonics, substitute former expedients. It will be seen that Mr. Dixon becomes younger in his practice as he grows older in years.

The views of this surgeon are sufficiently well known by his already published works, and we have not space to discuss them here at any length. We may cursorily observe that we do not share Mr. Dixon's opinions as to the great and universal superiority of the upper section in extraction of the lens; nor is it correct to say that it has completely fallen into disuse. Two operators in the metropolis, at least, frequently employ the lower section, and find in it many considerable advantages, especially in the greater facility with which the lens is removed, the less danger of reclination or slipping back of the cataract, and the greater ease with which any necessary manipulations may be made after the section has been effected. One of these operators is Mr. White Cooper. In treating of obstructions of the lachrymal apparatus, Mr. Dixon by no means accords to catheterization from the nose the value which belongs to it. This method will often effect cures of obstruction in the nasal duct which Mr. Bowman's process will not reach; and it may be asserted that obstructions in the upper part of the apparatus are relatively less frequent than those of the lower. The ophthalmoscopic sections of Mr. Dixon are perfectly satisfactory, and his judgment on iridectomy and glaucoma accords with that of the majority of well-educated surgeons who have investigated this subject. Briefly, it is useless in "amaurosis with laceration of the optic nerve;" it is almost useless in cases of chronic glaucoma; it is decidedly useful in cases of acute glaucoma. Whether or not the removal of intra-ocular pressure be the essence of the success of the operation, experience shows that removal of at least some small portion of the iris is necessary to a permanently good result. Mr. Dixon's contribution to the "System of Surgery" is not one of the least valuable.

The whole series is highly creditable to the state of British surgery. A series of treatises thus composed by a large and selected body of the consulting surgeons of the metropolis claims to be tried by a severe test, as it assumes to represent the highest knowledge of British surgeons. This volume will, with some exceptions, well endure that trial. There is not in any modern language a series of treatises of equal merit, and thus far they do honour to the skill, judgment, and original powers of our English surgeons.

Health and Disease as influenced by the Daily, Seasonal, and other Cyclical Changes in the Human System. By EDWARD SMITH, M.D., LL.B., F.R.S., Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, &c. pp. 409. London: Walton and Maberly.

Dr. SMITH must be by this time pretty well known as an enthusiastic member of the medical profession, who has for many months, or even some years we may say, subjected himself to a series of not very agreeable experiments to determine certain problems hitherto very indifferently worked out by previous physiologic inquirers. For his devotion, his labour, and, speaking generally, the results he has arrived at, Dr. Smith may fairly claim the thanks of the profession. He has here collected, enlarged, and revised the various papers he has published in the "Transactions" of learned Societies and in different journals illustrative of these experiments, which have been prosecuted upon himself and others in health and disease, almost without intermission, through a period of six years. Whether he has not generalized too quickly and laid down laws rather too dogmatically in some cases may be open to question. We are of opinion that he has, and that as further inquiries go on—based, it must be confessed, upon his own indications—he will find it necessary to less complacently insist upon the obvious truth of certain of his theories. The too ready way in which explanations are offered of certain pathological phenomena, and decided lines of therapeutic treatment pointed out as necessarily the proper ones, as based upon the often variable results of recondite physiological experiments upon the experimenter's own body, makes us desirous of seeing others go over the same ground before we accept all the numerous speculations upon cyclical changes in the human organism which are here placed collectively before us. With all this, however, it must be admitted that Dr. Smith teaches us much that we are ready to accept both as new and true in the history of the functional activities of the human frame. Whilst his book has on the one hand the aspect of severe science, it has on the other the capacity of forming pleasant reading, from the easy and practical way the conclusions arrived at are brought to bear upon many popular departments and questions in medical science. In the carrying out of his minute and what we cannot help thinking often tedious experiments, the author acknowledges the aid he has received from Drs. Sharpey, Carpenter, Williamson, and Frankland, as also from Mr. Dugald Campbell. The Royal and Medico-Chirurgical Societies, as likewise the British Medical Association, have freely permitted Dr. Smith the use of their illustrations. But in one quarter he applied for assistance in vain:—

"It is well known that animals grow more rapidly in spring than at any other season of the year, and this has been attributed to the abundance of herbage which they then find. A medical friend also assures us that he has ascertained by actual admeasurement that his children grow chiefly in the spring season. Being desirous to determine this interesting question, we made application to the governors of the Foundling Hospital for permission to determine the monthly rate of growth in height and weight, and the evolution of urea, on one day monthly, in a large number of the children of both sexes, and regret to state that it was refused."

We have thought that this liberal and enlightened act of a public body should meet here with its due recognition.

DOES THE HAIR LOSE ITS COLOUR SUDDENLY FROM EMOTIONS OF THE MIND?

To the Editor of THE LANCET.

SIR,—This interesting physiological question was warmly discussed at the last meeting of the British Association in Manchester; and although I am well aware that there is good company to be found upon both sides of the question, I must content myself here by relating the following circumstances as they were told to me, first remarking that I have no reason to doubt the veracity of the narrator.

About eight years since, and being then about thirty years of age, in good health, and having dark-brown hair, he was engaged in Norway upon a new line of railroad from Christiana towards the interior. One day, while travelling upon this line at the rate of between thirty and forty miles an hour, and being accompanied by thirteen men and a boy, all riding upon the engine and tender, on running over an embankment which was parallel with the course of a river, from some cause the engine and tender got off the line, ran down the embankment, a height of about twelve feet, ploughing up the sand by the river-side for a considerable distance, and then fell over sideways. The travellers were thrown off in various directions. The boy was killed, and one of the men frightfully injured. My narrator was buried quite up to his neck in dry sand, but sustained no serious injury beyond the shock, which made a profound impression upon him, so much so that his appearance the next morning startled his companions; they described him as looking haggard and many years older, while his hair, particularly that growing from the temporal regions, had changed from brown to grey.—I remain, Sir, your obedient servant,

Newcastle-on-Tyne, Oct. 1861. RICHARD ELLIS, L.R.C.S. Edin.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 2, 1861.

THE death of Sir JAMES GRAHAM leaves a vacancy in the Senate of the University of London. The deceased baronet was, as is well known, remarkable for his administrative ability. A man of learning as well as a skilful statesman, his name and his counsel were eminently useful to the Metropolitan University in her infant days, when she had to struggle into reputation aided by the genius, the courage, and the good sense of the distinguished men who formed her first Senate, and by the conduct and acquirements of her first graduates. Sir JAMES GRAHAM was a LL.D. and a Fellow of the Royal Society. Out of the original Senate named in the first Charter, consisting of forty members, only eighteen still retain their seats. A few have resigned; but death has taken away the greater number. Amongst these are some of the greatest names in English literature, science, and politics. The Bishops of DURHAM and CHICHESTER, Admiral BEAUFORT, JOHN DALTON, Dr. ARNOLD, WILLIAM EMPSON, Rev. J. S. HENSLOW, Dr. HEWETT, Sir JAMES M'GRIGOR, Mr. PENNINGTON (who shrank from the honour thrust upon him), Sir PHILIP CRAMPTON, Dr. JONES QUAIN, Mr. RIDOUT, Dr. JERRARD, Rev. Mr. SHEEPSHANKS, Dr. SIMS, and HENRY WARBURTON, have all paid the debt of Nature. BROUGHAM, whose great gifts threw such lustre over the early days of the University, soon resigned his seat. The Astronomer-Royal, actuated, it is believed, by religious scruples, also withdrew. Men no less conspicuous in contemporary history have been drafted into the vacant places on the nomination of the QUEEN, in whom, until the granting of the new Charter, all the appointments were vested. Of these, some have also died. Lord MACAULAY, Mr. BAINES, and HALLAM are gone. Rich beyond measure in illustrious men at her foundation, and since carefully replenished, the University still counts honoured names. GRANVILLE, BILLING, CLARK, FARADAY, GROTE, HODGKIN, HOPKINS, KIERNAN, LOCOCK, LUBBOCK, CORNEWALL LEWIS, ROGET, SENIOR, STANLEY, and WALKER, still maintain the dignity of an office which even now stimulates the ambition of men distinguished for learning and conspicuous for their social station.

Since the granting of the new Charter, the mode of filling up vacancies in the Senate has been modified. The ultimate right of the QUEEN to elect is indeed preserved; but it is practically shared with the graduates meeting in Convocation. Until the number of fellows—that is, members of the Senate—who shall have been selected from a list of persons to be nominated by Convocation, shall amount to or exceed nine, every second fellow, or one out of every two fellows who shall thereafter be appointed by the QUEEN, shall be chosen from a list of three persons to be nominated by Convocation; and so soon as there shall be nine fellows who shall have been so selected, thenceforth every fourth fellow shall be chosen out of a list of three persons to be nominated by Convocation. Acting on the powers thus given them, several vacancies have been virtually filled up by the graduates. In all cases graduates have been chosen, as might, perhaps, have been expected; although, on one occasion, Mr. GRAHAM, the chemist, enjoyed the singular honour of having been put forward by a considerable number of members of Convocation.

We have thought it desirable to use the opportunity unhappily supplied by the death of Sir JAMES GRAHAM to refer thus briefly to the biography of the Senate of the University of London, in order that, remembering the greatness of those who have gone before, no unworthy persons may obtrude themselves as successors, and that Convocation should rise above party and sectarian feelings, and eschew the fancied claims of mere respectable mediocrity. The University of London already boasts noble traditions. In the hands of the Crown, she has suffered no detriment. Let not the graduates abuse the power for which they struggled so long, by degrading that body upon which so much of the future glory of their University depends.

A RECENT writer* tells us, that if we will take the history of any English regiment in India, we shall find that after twelve years have been passed there, even in peaceful cantonments, very few of the men remain who composed the battalion at the commencement of that time. In the forcible language of another: "At recent periods, European regiments in India "have melted away like the spectres of a dream. A thousand "strong men formed this year a regiment; a year passed away "and 125 new recruits were required to fill up the broken "column. Eight years passed away and not a man of the "original thousand remained in that dissolving corps." The mortality of the children in India is absolutely appalling. In Bengal 84·2, in the Bombay Presidency 70·7, and in Madras 39·8 per 1000 die in the year; while in the most unhealthy of our manufacturing towns at home the mortality does not rise above 22. Not much wonder, as Dr. MOORE remarks, that the recollection of such facts should still throw a gloom over Indian adventure; or, as Sir RANALD MARTIN writes, "Disease is the greatest enemy of the British soldier." Moreover, the death of every soldier in the East costs this country, we believe, nearly £120 sterling. There are pressing reasons, then, why we should attempt to reduce the mortality of our soldiers in India. Jungle fevers of all kinds, cholera, dysentery, hepatitis, insolation, &c., sweep away our men by thousands off the burning summer plains of our Eastern Presidencies, and those whom they pass by are only left to fall as slower victims to that "cachexia loci" which brings in its train chronic diseases of the liver and spleen, and their attendant anæmia. It is against these enemies that we have to battle at such fearful odds, still further increased against us by the debaucheries and excess, the carelessness and ennui which so often mark the early career of the British soldier abroad. And, unfortunately, political considerations appear to forbid our making use at present (upon a scale commensurate with the necessities of the case) of those means by which we may escape some of these evils. Where large cities and turbulent races abound, there must our men be present. These are found mainly in those localities where the hot wind "in the summer months passes like the blast from a fiery furnace over the whole length and breadth of the inland plains." Over all these lowland regions of the East is hung, like a gigantic canopy, a sun-heated stratum of air some three thousand feet thick. Get above this—climb some hill four

* A Manual of the Diseases of India. By W. J. Moore, L.R.C.P. Edin., H.M.'s Medical Service, Bombay Establishment, &c. pp. 220. London: Churchill.

thousand feet high, and you leave death and the jungles at your feet. Let the pestilence rage in the steaming oven below, whilst you stand seven thousand feet above it on a peak of the Ghauts, and you will be quite secure. Is yellow fever stalking abroad or hovering about the creeks and lagoons of some tropic island, ascend that blue mountain for two thousand feet and you will be most likely safe, or add five hundred more to them and you may certainly feel at ease. In fine, in the deadliest parts of tropic lands, you may relatively escape the evils which settle upon the plains by living upon the hills and ranges of mountain elevation. Now, over the whole of India, within easy reach of many divisions of our army, and to be gained without much difficulty by other portions of it, hills rise and mountains run, whose declivities and tops offer themselves as temporary resting places, or more permanent abodes, for such of our men as we can spare for a time from exposure to the almost certain destruction of the plains beneath. Upon those elevated spots (as we some time back informed our readers) what have been called "hill sanitaria" have been organized—spots to which young soldiers may be sent to preserve their health before again campaigning it below, and to which old soldiers may retire who either do not wish or are not able to return to England, or get invalided from India. We have said that the political necessities of the country have as yet only permitted of our making a limited trial of the practical advantages which temporarily locating our troops upon mountain elevations would appear to offer. But still we have some experience of them, and very valuable it is. Like everything else, of course these "hill sanitaria" have met with admirers of too enthusiastic a turn. On the other hand, some have expressed too disparaging an opinion about their merits.

Government has felt that it is time we should come to a more definite understanding about the highland homes in the East, and lately issued a "Report upon the Sanitary Establishments for European troops in India." This Report, according to the judgment of our contemporary, the *Indian Lancet*, has been prepared with great care, and furnishes us with very interesting and valuable information. In the number of that journal for the 15th July last, an analysis of that portion of the Report which relates to the Presidency of Bombay will be found, along with Sir HUGH ROSE'S remarks upon the Sanitaria of Western India. From the latter we extract the following *résumé*:—

"The problem which has been kept in view in preparing the report has been how to fit the European soldier for the maximum of efficient service in India with the minimum sacrifice of health and of life. The attempt has not been made to inquire by what means he may attain to the full physical constitutional vigour of his native land, and of the other countries of the colder latitudes of the globe, simply because this condition is incompatible with the circumstances in which he is placed. The question has at different times been proposed, whether a regiment fresh from Europe, located at an elevation of 7300 feet, and in a climate such as that of Ootacamund on the Neilgherry hills, would not retain much of its European vigour. Doubtless it would, a deduction, however, being made on account of the rarefied atmosphere; but this regiment would not be efficient for the contingencies of service in India, if suddenly called to the plains for service in the hot seasons; it would soon show a heavy sick list, and a rapid loss of vigour and stamina would ensue. Let us suppose the service to be concluded, and the regiment, exhausted by heat and fatigue and sickness, moved back to Ootacamund, and the result would be much mortality and invaliding from congestive inflammatory and organic visceral disease. The proof that this is no fancied picture will be readily found in what takes place under the ordinary circumstances of troops fresh from Europe arriving at the commencement of the hot season, and in what has taken place between the years 1840 and 1850, on the transference to the Himalayan hill stations of several European regiments weakened by service, climate, and disease. The hill climates can never be regarded as a substitute for a voyage to Europe or to Tasmania, but their judicious use will render the greater change less frequently necessary, and will improve the general health, and increase the efficiency of the European soldier in India."

It would appear, then, that simply having it in our power to rise to elevations above the lines of the maximum heat, of the cholera, of the fevers, &c., of the plains, is not sufficient in itself to permit us to hope that we can employ our hill stations to the very advantageous and general extent which some hopeful Indian officers have hitherto believed. The peculiar duties and necessities which our troops are engaged in upon the one hand, and certain drawbacks specially connected with lodgment in mountain stations upon the other, operate in reducing these anticipated benefits to a smaller amount than was at first conceived. If, however, too much has been expected by some from hill climates, such persons can fairly retort upon the depreciators of these stations that they have not made the most of their advantages.

As Dr. MOORE very properly observes (p. 53 *op. cit.*), "not "any locality at home is healthy without sanitary conditions "are attended to." Neither will Indian stations, whether upon mountains or in plains, form exceptions to the rule. If sanitary science and hygiene be neglected at the so-called "Sanitaria," the chief thing that can be expected from them must be refuge from heat during the hot months of the year. The great principle to be observed, in endeavouring to reconcile the sanitary requirements of our Indian troops and their military duties, is to connect the hill stations with the plains by railways and telegraphs, so as to minimize the intervening obstacles of time and space.

GAS and water are at present topics provocative of much civic agitation. The recent Gas Acts and the free-fountain movement have introduced new elements of discussion in relation to these useful commodities. The Act passed, or rather professedly designed, in order to secure the greater purity and higher illuminating power of gas, is now found out, it is said, to be peculiarly adapted to consolidate the monopoly and power of the gas companies. In this Act a standard of illuminating power and a maximum of sulphur-contamination are fixed. The vestries and district boards have been empowered to appoint chemical examiners, charged with the duty of testing the gas for the purpose of keeping the companies up to their obligations; but the conditions under which the examinations are to be made are, it is said, so framed that the enforcement of the penalties contemplated is rendered almost impossible. If this be true, it follows that the Act is framed for the benefit of the companies, and not for that of the public. That the companies were not slow to avail themselves of every advantage presented is most certain. They were eager to strain every point in their own favour. They even had the audacity to draw up a scheme of testing which was to be imposed upon the chemical examiners, leaving these gentlemen no discretion to prosecute their inquiries in that direction and by those methods

which would expose the breaches of contract which the companies, no doubt with good reason, feared they should commit. In one instance of surpassing impudence, a company went so far as to object to the use of *moistened* turmeric paper for the detection of ammonia! It ought to be used dry! They knew, and, by their objection, they confessed, that their gas was liable to contain a forbidden ingredient. With all the presumptive evidence that the companies do not intend to improve their gas overmuch, the pretext that the Act enforces a purer gas, and, therefore, increases the expense of production, is seized to raise the price to the consumers. This being the present aspect of the affair, it becomes the urgent policy of the public to bring the powers of the Act to the most rigorous test. If it be found that the Act does subject the consumer to the will and conscience of the gas companies, then will a case be established for demanding an amended Act that shall effectually bring the companies to a sense of their duty.

Medical Annotations.

"Ne quid nimis."

WHY THE SITE OF THE HERBERT HOSPITAL WAS CHOSEN.

THE site of the new military Herbert Hospital on Redbrook Common, adjoining the great Dover Road, about nine miles from London, is the subject of warm animadversion. Its critics state that, whatever may be the advantages of this position, they are counterbalanced by the fact that the new hospital will face the slope of the hill, and be within three hundred yards of the new Greenwich and Deptford Cemetery—a burial-ground which, from its elevation, has a melancholy and extensive prominence in the landscape. The daily average number of funerals there is considerable; and it must be admitted that the contemplation of such an object, and the frequent observation of the rites and ceremonies of burial, are not calculated to fill the mind of an invalid with pleasing images, or to rouse him from the depression which so often protracts sickness and delays convalescence. The selection of a site for a model hospital immediately in front of one of the widest graveyards in the kingdom must be characterized as unhappy. On the other hand, it is but fair to remember that this locality was fixed upon in 1860 by the Barracks and Hospitals Commission, over which the late Lord Herbert presided with anxious and constant care. The first necessity in selecting a site for this hospital was, that it should be in proximity to the barracks of the artillery brigades and military train stationed at Woolwich, whose sick it is destined to receive. The country round was carefully searched, and five spots were found, of which the relative advantages—or rather, perhaps, disadvantages—were then discussed. The most eligible was one situated on the property of Sir Thomas Wilson, but this could not be purchased. Its owner was barred from selling, not less by legal difficulties than from an unwillingness to locate a large hospital establishment on his ground. The great defect of position, consequent upon being opposite the cemetery, which belongs to the present site was not absent from the minds of the Commission; they were aware, also, that there is here a considerable thickness of clay, which is an additional fault. On the other hand, amongst the other sites, that of the Cadets' Barrack was out of the question, since the incessant noise of firing and exercising would have afforded no rest to the inmates. A better site was one just above that now chosen; here, however, the amount of ground was too limited. So that Lord Herbert and his associates were compelled to select the present situation opposite the cemetery. We have some reason to know that Lord Herbert would have been anxious to effect a change, if possible, even after the purchase of the ground; but he found no way of doing so. It is very true, then, that the present situation is objectionable; but it would seem that no better could be obtained.

CONSERVANCY OF THE HUNTERIAN MUSEUM.

THE vacancy caused by the death of Professor Quekett in the office of Hunterian Curator will certainly not be filled up before the end of the year. The Council have resolved to receive applications until a fixed day in November. The widest publicity will be afforded to the requirements and emoluments of the office, and thus a large range of candidature will probably be ensured. Since applications will be received so late, the appointment cannot be made in time to allow the curator to enter upon his duties before the commencement of next year; meantime the duties connected with the conservation of the museum are in the hands of the assistant-curators and resident pupils. The collections will certainly not suffer in their hands; and although the delay in making the final appointment will no doubt prove not altogether convenient or agreeable to those who have already announced themselves as candidates, yet the Council cannot be blamed for taking every step which may conduce to the ultimate appointment of the ablest and fittest man who can be found for the office. When it is remembered how largely Owen and Quekett have contributed to the reputation of the College, to the advancement of science, and to the English character in this field, by their employment of the materials constantly submitted to the curator of the College museum, it will be understood that the Council are very anxious to procure at this cheap rate a continued accession to their glory; and at the same time we must all be no less anxious to see the office filled by one well qualified to do justice to its duties.

THE ETHICS OF VIVISECTION.

THE Parisian mission of the London Society for the Prevention of Cruelty to Animals has already brought forth results which must be satisfactory to themselves and the lovers of humanity. The vivisections habitually practised at Alfort, Lyons, and other veterinary schools have been long denounced by the most scientific persons as useless and abominable cruelties: they are such as would not be tolerated for a moment by the feelings or the laws of Englishmen; and if the London Society has gone rather far afield in directly appealing to the Emperor of France to arrest these proceedings in his veterinary schools, they have at least done a good work. It might have been a more graceful and appropriate manner of advancing their object to have engaged the learned medical academies to take an active part in the abolition, which would have partaken less of the character of "foreign aggression." For the present, however, the unhappy animals impounded and not claimed, or otherwise obtained at the establishments, will not be handed over to the students, slowly to die under the agonizing succession of operative tortures, practised just to form the hand of the neophyte. The edict of the police has gone forth against this practice. We have more than once condemned this barbarity, and rejoice that it will terminate—we hope finally.

The larger question, however, to what extent, and under what circumstances, experimental vivisection may be carried on for purposes of original investigation, cannot be decided so hastily or in so peremptory a manner. The Emperor has very properly called for a report from the Academy of Medicine on this matter; and the Commission appointed to report consists of MM. Cruveilhier, Cloquet, Claude Bernard, Robin, Moquin-Tandon, and Le Blanc. The objections raised to the practice of vivisection as totally reprehensible are clearly founded upon an imperfect statement of the facts. The re-

mark that the results of Magendie were vitiated by the disturbance effected in the nervous system owing to the shock of the experimental mutilation, shows that either only a few of these results are known to the objectors, or that the others are disregarded. It must be observed that this question is a very important one, since it affects in a very material degree the progress of physiological science, on which medicine now so largely builds, and to which we look hopefully for our greatest future aid. Not to go beyond two problems which are at this moment in process of solution: how else could Dr. Pavy have established that the sugar-forming function of the liver, described by M. Claude Bernard, was due to a post-mortem change; and by what other means could we acquire information upon this subject, so important to our knowledge of the healthy actions of digestion, and of diseases so fatal as diabetes? Again: by what other means could be carried on those important inquiries of Dr. Richardson, in which he has synthetically traced a mode of origin of endocarditis and joint inflammation by injecting lactic acid into the peritoneal cavity; or in which he has indicated the connexion of cataract with diabetes, or at least one mode of its production, by injecting sugar-water into the fluids of the body? By what arbitrary police regulations can scientific men be bound in these investigations? Is it permissible to anatomize a frog, of which some scores were recently leaping about the table, variously mutilated, at the Royal Institution of Albemarle-street, before an audience composed partly of ladies? And is it interdicted to tie the arteries or inject the veins of a guinea-pig? Is the line to be drawn at rabbits or dogs, or asses or horses? It is obvious that no arbitrary regulation of police can decide a question so variously complicated. The progress of a science which aims at the amelioration of human suffering must be respected; and the rules for carrying out his investigations must be left to the conscience of the physiologist. Useless barbarities cannot be reprobated too strongly. The most accomplished physiologists are also the most humane; but a wide latitude must be left to each man, who will be individually responsible for the use which he makes of this power. Bell grieved over the rabbits which he sacrificed; and Dr. Brown-Séquard regarded with almost the affection of a parent a pet guinea-pig in which he had succeeded in artificially producing epilepsy; that guinea-pig, in fact, contributed greatly to the progress of medical science, and was worthy of his affection. Marshall Hall first removed the brain of his frogs, thus destroying all consciousness, before proceeding with his experiments on the diastaltic function. Finally, it may be said, that sometimes the sufferings of animals may be averted by the use of anæsthetic agents; and their title to the employment of these agents is the stronger because they add in a great degree, by the results of experimentation, to our knowledge of the laws of anæsthetization.

INFANT MORTALITY IN IRELAND.

DESPITE legislative enactments favouring the poorer classes, notwithstanding the absence of famine or pestilence, the population of Ireland has decreased by 787,842 souls, which amounts to a proportion of 12·02 per cent. in the decade of years. Under these circumstances, the vital statisticians of that country are particularly interested in marking what may be the internal causes which contribute to check the growth of the population. Putting aside all other than vital conditions, there is reason to know that the present death-rate is very excessive in that kingdom. Owing to the absence there of a due registration of births and deaths, it is impossible to obtain such analysis of the immediate causes of death as has so often led elsewhere to their detection and happy removal. But the experience of observing individuals comes in aid of the deficient public records. In a paper recently prepared by Dr. William Moore, physician to several Dublin hospitals, including that for the Diseases of Children, he analyzes the diseases of the many thousand children annually passing through departments of those institutions, and investigates some of the more prominent causes of the excessive mortality in early life which he witnesses. Nearly 50 per cent. of the poorer class of children perish before attaining the fifth year. Amongst children of the upper class at the same age the deaths do not exceed 15 per cent. One-tenth of the children presented at the hospitals were suffering from scrofula. A large number of others were labouring under the effects of improper food. One statement illustrates strikingly the evils of the system of wet-nursing: The ten children of one family were provided successively with ten different nurses; each of these nurses sent her own child out to be nursed. Of the ten infants thus separated from their mothers and sent out to be nursed, eight died. Of the two who survived, one was brought to the institution in a state of wretchedness and emaciation; the poor infant was a miserable skeleton, covered with a wrinkled and discoloured skin, such a skin as characterizes not the earliest but the latest stage of earthly existence. How greatly maternal care may outbalance the fatal disadvantages which poverty necessarily entails on the very young was forcibly illustrated, as may be remembered, during the prostration of the riband trade at Coventry. At this period of extreme misery and semi-starvation, the mothers were thrown out of employment, and necessarily occupied themselves in their homes. As the result, it was noted that, notwithstanding the distress and the privation, the deaths, which in 1857 had been one hundred, in 1858 ninety-eight, and in 1859 one hundred and thirty-two, fell in the trying year of 1860 to sixty-seven. It is probable, then, that Dr. Moore by no means overrates this as a cause influencing the excessive mortality of infants. There exist in Dublin all the usual causes of death and disease amongst poor infants, such as inherited debility, mismanagement of food, deficiency of light and air, and ignorance of sanitary laws. But there are probably some causes which are more specially to be noted as to some extent local: amongst these the neglect of vaccination as a prophylactic against small-pox is very prominent; for although the exact annual mortality is not yet duly registered, it may be positively calculated that the death-rate from small-pox in Ireland has hitherto been nearly three times that of England.

CITY PUMPS.

DR. LETHEBY has repeated very emphatically, in his last monthly report, the warnings which Dr. Lankester and other Medical Officers of Health have often given to the inhabitants of the metropolis, touching the perilous character of the waters furnished by many of the London pumps. This warning we have distinctly echoed on more than one occasion, and from time to time we have received intimation that certain pumps have been closed. The City pumps, however, still spout sparkling poison—it must be confessed, in a diluted state and not obviously noxious guise; but there is more reason to distrust the effects of water laden with organic matter, because they may often be latent for a long period and burst into prominence at periods of epidemic disease, when their operation is peculiarly fatal. Dr. Letheby states in his report that

"Altogether there have been thirty-four of the City pumps examined, and in every case the water has been fouled with surface drainage. There is not one of these pumps that derives its supply from the deep strata of the London basin; and, excepting the pump in Glover's hall-court and that in Guildhall-buildings, none of them furnish water that is fit for domestic purposes. At the best of times some of them yield water which contains from 100 to 130 grains of saline and organic matter in the gallon, and all of them are excessively hard from the altered products of decomposition. The knowledge of the composition of the soil through which the water passes should warn us of danger that may at any moment arise from its use. It may be that it has often been drunk with impunity, and that it has rarely shown any immediate manifestation of its morbific action; but it cannot be that the products of corruption can be constantly admitted into the human body without danger of insidious mischief, and there is the still greater dan-

ger of the impurities of the soil passing unchanged into the water, and being a source of quick and certain injury. The water of the City wells is constantly changing—in fact, it is hardly the same from hour to hour; for the soil through which it passes is pierced in every direction with drains and sewers, and is charged with every species of corrupting refuse, which passes in variable proportions into the porous strata from which the water is pumped. This ought to tell us not only of the disgusting nature of the supply, but also of the dangers which lurk within it. Experience has shown that wells like these are liable at any moment to receive the leakings from a cesspool or a sewer, and thus to be the immediate cause of fatal disease."

He then cites the familiar instances of extension of the cholera where impure water was drunk at Broad-street, St. James's, South London, Newcastle-upon-Tyne, and Hull, and remarks upon the dangers to be anticipated from the water of the City pumps.

"Nor are the percolations from the graveyards of a city less injurious; experience has demonstrated that this also is a prolific source of disease. Sir James M'Grigor relates that when the British army was in Spain, about 20,000 soldiers were buried in a rather small space of ground; this was done in the course of two or three months, and soon the troops who drank the water from the wells of the neighbourhood were attacked with dysentery and malignant fevers. The cause of the mischief was clearly traced to the hardly-recognisable impurity in the water from the shallow wells. Here, however, in the churchyards of this city there are the remains of ten times such a buried army undergoing decay; and in the whole of this metropolis, in a space of not more than 218 acres of soil, there were buried not long since as many as 50,000 dead in the year. In a generation of thirty years this would give us 1,500,000 of decomposing bodies in the surface soil of London; and through these the water percolates to find its way into the porous stratum which supplies the shallow wells. At best, the change of this corruption is but imperfect, and the presence of ammonia and saltpetre tells of the process of decay, and indicates the dangers which accompany it."

AN EPIDEMIC TRACED.

A FRESH instance of the direct sequence of zymotic disease upon dirt and foul air has been afforded by the occurrence of a fatal epidemic at Over Darwen. It appears that during the past six weeks this township, which contains upwards of 20,000 inhabitants, has been visited with an epidemic of gastric and typhus fevers, which have caused upwards of threescore deaths, and temporarily invalided about 1000 persons. Information of this outbreak of "preventible disease" having been received at the Public Health Office in Whitehall, Dr. Headlam Greenhow, Assistant-Physician to the Middlesex Hospital, and one of the Medical Inspectors of the Privy Council, made an official investigation of the township, visiting, in company with the local Board of Health, the houses in which death had occurred. All the material causes which can attract and foster epidemic fevers were found in active fruition. The whole place was in a filthy state: piggeries, cesspools, &c., in immediate proximity to the habitations, and the air saturated with foul organic matter. Prompt measures were taken to remove these friends of fever, and the cottage owners are required to make the necessary arrangements for the health of their tenants. The Waterworks Company have also been called upon to provide filtering-beds at their works. The epidemic is dying out; but it may be hoped that its lesson will be permanently treasured.

DIEFFENBACH'S PEGS.—M. Gemeti has published a case of non-union of fracture, in which the solution of continuity was situated at the inferior third of the femur, and in which no union had occurred after six months, in spite of a very carefully directed treatment. Dieffenbach's ivory pegs were introduced into the extremities of the upper and lower fragments; but the patient died of erysipelas. On a post-mortem examination, the ends of the fragments were found necrosed, and separated by a large bundle of muscular substance belonging to the vastus internus, into which bundle the upper fragment had penetrated. This interposed muscular substance had probably originally prevented union.

Correspondence.

"Audi alteram partem."

THE REGULATIONS OF THE MEDICAL COUNCIL AND OF THE LONDON EXAMINING BOARDS.

To the Editor of THE LANCET.

SIR,—I desire to address you upon a subject which must be of great interest to the medical profession, as well as to those gentlemen who are about commencing their professional studies. I allude to the great diversity which exists in the Regulations now issued by the Medical Council and by the various examining bodies in London. The subjoined extracts of the Regulations I have copied from the Students' Number of THE LANCET.

The most important points of difference are to be found in—

1. What constitutes the commencement of professional study.
2. In the periods as to when the first part of the professional examination can be undergone.
3. As to the time when the final examination may be passed.

The commencement of professional study is considered by the Medical Council to be the time of commencing studies at a medical school; by the Royal College of Surgeons the time of becoming a pupil of a member of a Royal College of Surgeons; and by the Society of Apothecaries the time of becoming apprenticed to an apothecary.

Passing of the first part of the Professional Examination.—The Medical Council order it to be after the termination of two years of study. Thus, if a student began his professional studies at a medical school on the 1st of October, 1861, he cannot pass this examination until after the 1st of October, 1863.

The Royal Colleges of Physicians and Surgeons, however, allow him to pass this examination at the termination of the second winter session, as in April, 1863, or at least six months before the Medical Council permit it.

The Society of Apothecaries allow the student to pass the examination after the second summer session, as in August, 1863, or two months prior to the time specified by the Medical Council.

Passing of the Final Examination.—All the Regulations agree as to twenty-one being the earliest age at which the examination may be passed.

The Medical Council direct that four years of professional study must be completed before passing this examination. Thus the student commencing in October, 1861, ought not to obtain his diplomas or licence before October, 1865.

The Royal College of Physicians require four years of professional study, of which only three years need be passed at a medical school; and as eighteen months must expire after the passing of the first examination, the student entering in October, 1861, could pass his final examination in October, 1864.

The Royal College of Surgeons require also four years of professional study; but as only three winter and two summer sessions need be passed at a medical school, the student entering in October, 1861, can go up for his final examination in April, 1864.

The Society of Apothecaries require four winter and four summer sessions to be passed at a medical school, as well as five years' apprenticeship, so that the student who has commenced in October, 1861, cannot pass his final examination before August, 1865.

The regulations of the Society of Apothecaries approximate more closely to those of the Medical Council than those of either of the Royal Colleges; the Royal College of Surgeons giving its diploma eighteen months, and the Royal College of Physicians granting its licence twelve months, previous to the time directed by the Medical Council.

The importance of these differences in the various regulations is shown by the following question:—Will the Medical Council recognise and permit to be registered diplomas or licences granted to gentlemen who have not completed four years of professional study, commencing from the date of their first entering at a medical school?

The sooner this question is decided in the affirmative or negative the better, for a non-registered diploma is of but little value at the present day. The regulations of the Colleges of Physicians and Surgeons permitting a student to pass one year out of the four years as a pupil to a surgeon, are, in my opinion,

decidedly to be preferred to those compelling the whole four years to be passed at a medical school and hospital. The studies of the fourth winter and summer sessions, as required by the new rules of the Apothecaries' Society, are not needed, but could easily be incorporated as formerly in those of the three previous sessions.

Every student ought to be obliged to pass one year, at least, with a surgeon or general practitioner in seeing the common cases of disease, and in learning those little minutiæ which it is quite impossible for him to be taught at a large hospital. Having drawn attention to this subject will, I hope, be the means of causing some distinct regulations to be issued for the guidance of the student.

I am, Sir, yours obediently,

Highbury, Oct. 1861. GEORGE THOMAS KEELE, M.R.C.S.

Regulations of the Medical Council.

That four years of professional study be required, after the examination in general education.

That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school.

That the professional examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of study, and the final examination not until after the termination of four years of study.

Regulations of the Royal College of Physicians.

Of having been engaged in professional studies during four years, of which at least three years shall have been passed at a recognised medical school.

The first part of the professional examination is to be undergone after the termination of the second winter session of study at a recognised medical school.

The second part to be undergone after an interval of at least eighteen months from the first examination.

Regulations of the Royal College of Surgeons of England.

The following will be considered as the commencement of professional education:—1. Attendance on the practice of an hospital, dispensary, or other public institution recognised by this College for that purpose. 2. Instruction as the pupil of a member of one of the Royal Colleges of Surgeons in the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow. 3. Attendance on lectures on Anatomy, Physiology, Chemistry, or Natural Philosophy, by lecturers recognised by this College.

Of having been engaged during four years in the acquirement of professional knowledge.

The first part of the professional examination may be passed after the termination of the second winter session of their attendance at a recognised school.

The second or pass examination may be undergone after the termination of the fourth year of their professional education.

Regulations of the Society of Apothecaries.

Of having served an apprenticeship or pupilage of not less than five years to a practitioner qualified by the Act of 1815.

Every candidate must attend lectures and medical practice during not less than four winter and four summer sessions.

The first part of the professional examination may be passed after the second summer session.

The second examination may be passed after the fourth summer session, if the five years' pupilage be completed.

CLINICAL APPOINTMENTS AT KING'S COLLEGE HOSPITAL.

To the Editor of THE LANCET.

SIR,—Whenever the list of clinical surgical appointments at this hospital is published, an amount of dissatisfaction is expressed by the students which would surprise anyone who was not acquainted with the cause. This dissatisfaction is the result not merely of that legitimate feeling of disappointment which we might expect to meet with in the defeated candidates of a properly-conducted examination, but is the expression of a long-felt and deep-seated idea that these examinations are not fairly conducted. Certain glaring cases of injustice have just come to light at this hospital, to which I need not further allude here, as my only object is to draw attention to this matter with the view of improving the present system; which is, briefly, as follows:—

The house-surgeoncy and assistant house-surgeoncy are *said* to be obtainable purely by merit, provided that the candidates have filled certain junior offices in the hospital. I will not allude further to these appointments, as the case of one gentleman is still, I believe, *sub judice*. For the in-patient dressership there is a pass examination in anatomy and surgery. Those who pass are then placed in order of seniority; thus those who got their names down first on the hospital books are appointed. This system, bad as it is, might be tolerated if the standard were fixed sufficiently high to exclude those who are notoriously incompetent. But the examination is adapted to the "meanest capacity;" more particularly that in anatomy. The following are fair examples of the questions put to the candidates for in-patient dresserships and for the assistant house-surgeoncy:—"Which is the head of the fibula?" "Point out the subcutaneous border and surface of the tibia." The result of this system is, that anyone going round the wards with one of our senior surgeons may see him followed by dressers, of whom one is an industrious and deservedly successful student, while his fellow is one of the most idle and comparatively worthless, but whose good fortune it is to be of the same year as his more energetic and talented companion. If this system were equitably carried out, it would be as fair for one man as for another; but when the regulations are twisted to suit either the convenience or the caprice of individuals, it excites universal disgust. These remarks apply equally to the dissecting-room as to the hospital.

Surely, Sir, it behoves the surgeons of a large school of medicine to take more interest in industrious and distinguished students, than in those whose only recommendation is that they have passed four or five years at the hospital, and have done absolutely nothing.

In conclusion, allow me very briefly to contrast with the above account the mode in which appointments are bestowed on the medical side of the house. Merit carries the day here as it should, while in cases of equality the senior student takes the appointment. In consequence of this system, which is strictly carried out, we all feel towards the physicians of this hospital, not only that respect which we owe to our teachers, not only that feeling of affection which we owe to our friends, but far more than these, that genuine esteem and admiration which can be accorded only to strictly honourable men.

October, 1861. A STUDENT OF KING'S COLLEGE.

THE LATE MR. PITTARD.

To the Editor of THE LANCET.

SIR,—Excuse me if I trespass unnecessarily on your time and space. I enclose a list of subscriptions which I have received up to this date, to be inserted, if you think fit, in any corner of your journal.—I am, Sir, your obedient servant,

British Museum, Oct. 29th, 1861. RICHARD OWEN, F.R.S.

Sums received for the Widow and Children of the late S. ROOD PITTARD, M.R.C.S.

Sir Daniel Cooper	£5	5	0
Professor Owen, F.R.C.S., F.R.S.	5	0	0
THE LANCET	5	5	0
John Simon, Esq., F.R.C.S., F.R.S.	10	10	0
William Bowman, Esq., F.R.C.S., F.R.S. ...	5	5	0
G. M. Humphry, M.D., F.R.C.S. (Cambridge)	3	3	0
Peter Allen, M.D., F.L.S. (Yealand Conyers)	1	1	0
J. O. M'William, M.D., F.R.S.	1	1	0

To the Editor of THE LANCET.

SIR,—Professor Owen has generously made an appeal on behalf of the widow and eight children of the late Mr. Pittard, and I trust with you that this appeal will be responded to by many. But I venture in particular to call the attention of old King's College men to this endeavour to relieve the pressing need of his widow and children. There were few amongst us who were his fellow-students from 1842 to 1846 who, amidst all his eccentricities, did not appreciate his genial qualities and generous heart, and admire the fertility of his intellect and the originality of his mind. Many of his fellow-students are prospering in the world, and I feel assured that to them and to Mr. Pittard's old teachers Professor Owen's appeal will not be made in vain. I have thought it both my duty and a pleasure to send a remittance to Sir D. Cooper, of 20, Princes-gardens, Knightsbridge, who has kindly consented to receive subscriptions. I am, Sir, your obedient servant,

HENRY SMITH, F.R.C.S.

Caroline-street, Bedford-square, Oct. 1861.

TREATMENT OF ANASARCA.

To the Editor of THE LANCET.

SIR,—In your journal of the 19th October is a communication on Anasarca, by Dr. Witt, in which he sets forth a plan of treatment which he would apparently fain have the readers of THE LANCET think originated with himself and his two consulting friends, Dr. Robertson and Mr. Dix. I will not dispute with Dr. Witt that the principle of the plan he describes may be quite new to the above-named gentlemen as well as to himself; but I should be very sorry to learn even from much older practitioners than myself that they have not been accustomed to have recourse to puncturing the skin of the lower extremities in cases of distress of breathing from anasarcous accumulation. It may possibly be startling to Dr. Witt to learn that I, for one, have been in the habit of (instinctively) puncturing the lower extremities, to give prompt relief in such cases, full twenty-five years of my life, with the happiest results, where the urgency of symptoms indicated. But my plan of puncturing differs somewhat from that described by Dr. Witt; for instead of "deeply" inserting the lancet "into the mass of cellular tissue," as he states, at two points only, I invariably make from four to ten *fine* punctures in each leg (if both are equally affected) by means of a small, very sharp, *triangular* trocar—occasionally with the lancet, when I do not happen to have the trocar with me,—fairly through the skin, but barely into the cellular tissue; when I find the fluid begins to issue freely and in sufficient quantity to relieve the distress of breathing, &c., without fear of the patient fainting and without the use of the bandages. The after-treatment consists of the application of towels or large pieces of rag, wet with hot water, to the legs, which I think preferable to a foot-bath. I have never had the least trouble with the healing of the punctures, neither have I had occasion to use adhesive plaster or bandages to them to stop the "oozing" or aid their healing. I endeavour to maintain the oozing while other means are being used for the relief of the primary disease. By the way, I may here mention, as a somewhat analogous proceeding, that I have had recourse to puncturing and applying the hot wet cloths afterwards in cases of cellular erysipelas, and find that I have seldom to treat a case of sloughing phlegmon, if I see the case before suppuration has set in.

I am, Sir, your obedient servant,

Cranbrook, Oct. 1861. THOMAS BAKER, L.R.C.P. & M.R.C.S.

To the Editor of THE LANCET.

SIR,—A case demonstrating the success of mechanical treatment in general anasarca appeared in THE LANCET of Oct. 19th, to which the following, occurring in my own practice, though differing somewhat in detail of treatment, may prove corroborative:—

In November, 1860, I was called to see a woman, aged sixty-seven, who for some months had been suffering from general anasarca, resulting from valvular disease of the heart, accompanied by chronic bronchitis. Her difficulty of breathing was painful to witness. She was, and had been for some time, unable to assume any but a sitting posture. The dyspnœa increased very rapidly in proportion as the fluid accumulated in the abdomen, &c. She had for some time been under treatment. After a fair trial of the usual remedies in such cases, it was determined, at a consultation with Dr. Whitby, that notwithstanding the extreme state of weakness of the patient, recourse should be had to mechanical removal of the fluid. Accordingly, on the 11th of November, I inserted a grooved needle once into the inner side of each leg, at about the junction of the middle with the lower third. Fluid commenced to trickle out freely. This was encouraged by hot fomentations, and a large quantity was thus drained off, when, at the end of three days (the patient still retaining the sitting posture), the fluid ceased to flow; the acupuncture was, therefore, repeated on the 15th, and fluid continued to run in a gradually decreasing trickle for from fifteen to sixteen weeks, when the whole was apparently got rid of. A bandage was from the first applied to the abdomen, and carefully tightened as required for the purpose of support. The patient is now (eleven months after the operation), considering the state of her heart and lungs, in fair health, and, though unable to stand, can use her legs, which are now healed. At present there is no appearance of a return of the anasarca, and the only untoward features which have presented themselves in the treatment of this case were two or three attacks of erysipeloid inflammation.

Doubtless, any measure which tends to relieve the suffering or to prolong the life of a fellow-creature, is worthy of the attention of the profession; and in similar cases it will remain a point for the judgment of the practitioner to which of the proceedings—incision or acupuncture—he will resort.

Dr. Watson ("Principles and Practice of Physic," vol. ii., p. 711, latest edition) states, that he prefers acupuncture, and refers to the incisions as though out of date; and also to the difficulty in healing the wounds in the latter process. The effect on the system generally of either of these operations is worthy of consideration, whether the gradual and long-continued, or the quicker and shorter, proceeding affects the system most of the already debilitated patient.

I am, Sir, your obedient servant,

Sidmouth, Oct. 1861. J. INGLEBY M'KENZIE, M.B. Cantab.

A CASE IN OBSTETRICY.

To the Editor of THE LANCET.

SIR,—I send you the particulars of a rather unusual case, which you may, perhaps, think sufficiently interesting to give a place in your journal.

Mrs. W——, aged thirty, of fair complexion, sanguineous temperament, the mother of four living children, and eight months advanced in pregnancy, came under my care on the 7th of October, for what appeared to be a slight febrile attack, attended with incessant vomiting and great nervous irritability, for which effervescing salines, with hydrocyanic acid and other sedatives, were prescribed, due attention at the same time being directed to the state of the bowels. No assignable cause could be discovered for so formidable an array of symptoms, as pain was entirely absent, and the consciousness of the patient remained undisturbed during the whole period of her distress. On the evening of the 10th, my assistant, Mr. Powell, finding all the symptoms aggravated, dispatched a messenger for my assistance, and upon arriving at the patient's residence, I found her in the following condition:—Pulse 150; hurried *abdominal* breathing; surface of the body quite cold; the capillary system evidently at a loss; in fact, she appeared to be dying. Under these circumstances I thought it prudent to call in the aid of my friend, Dr. Batty, Lecturer on Midwifery at the Liverpool Royal Infirmary, but upon his arrival the case had assumed so serious an aspect, that I resolved upon immediate delivery, as the only chance left for my patient. The operation of turning I accomplished without any difficulty, and a still-born child was the result of less than a quarter of an hour's interference. By this time Dr. Batty arrived, and to him I handed over the remaining step of the operation—extracting the placenta. There was no hæmorrhage, and the uterus contracted well. Still there was very little improvement in the patient's condition. A full dose of Battley's sedative solution was now given, and teaspoonful doses of brandy every ten minutes. In about an hour the opium was repeated, and we left her in an apparently hopeless state, at ten o'clock, in charge of my assistant, who during the next eight hours administered brandy, until twelve ounces had been used. At six A.M., symptoms of reaction manifested themselves, and some bread and milk was given. A gradual improvement has since taken place, and the patient is now in a fair way of doing well.

Perhaps some of your correspondents may be able to throw a light upon the subject I have entered upon as one worthy of the consideration of the profession.

I am, Sir, your obedient servant,

Liverpool, Oct. 1861. THOS. PENNINGTON, M.R.C.S.

FOREIGN BODY IN THE RECTUM.

To the Editor of THE LANCET.

SIR,—I remember having read, in the "Transactions of the Pathological Society of Dublin," the account of a case by the late Sir Philip Crampton, resembling that in your journal of last week, communicated by Mr. Davidson, of Barking.

The case was that of a sailor, who, while on board ship, suffered severely from diarrhœa; and, obtaining no relief from medical treatment, one of his shipmates found for him a plug, consisting of two cylinders of wood—one an inch and a quarter and the other an inch in diameter; these were introduced into the rectum and forced up. The patient was thus able to go through his duties during the remainder of the voyage. When he arrived at Dublin he applied to Sir Philip Crampton, who succeeded in fastening the screw ramrod of a gun into the bottom of the plug, which was then slowly and with some difficulty extracted.

I am, Sir, yours &c.,

Upper Montagu-street, Oct. 1861. WILLIAM O'CONNOR, M.D.

INVERSION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—The perusal of Mr. Death's communication, reported in your journal of last week, has induced me to narrate the particulars of a case occurring in my practice some time since.

Mrs. C——, aged forty-five, was taken in labour with her fifteenth child. The midwife in attendance was her mother. The presentation and birth of the child were natural, but undue traction had been applied to the funis, and on my arrival within five minutes of the accident, I found the uterus inverted, with the placenta firmly adherent to it, and lying externally to the vulva. There had been but slight hæmorrhage. I therefore instantly determined on detaching the placenta, and with my left hand, half closed, doubled up like a cone, I pressed steadily against the most depending part of the organ, and the reduction was speedily effected. Four ounces of brandy were administered directly, and she rallied at once from the shock. Subsequently no adverse symptoms arose, and in a few days the patient was convalescent.

In this instance, the favourable termination of the case was mainly attributable to the prompt aid afforded.

I am, Sir, your obedient servant,

Bethnal-green-road, Oct. 1861. JAMES ROLPH, M.R.C.S.

LIQUOR HYDRARGYRI PERNITRATIS IN GONORRHŒA.

To the Editor of THE LANCET.

SIR,—Since the publication in your journal of Oct. 12th of my report of Mr. Childs' treatment of gonorrhœa by the above remedy, I have had several letters from members of the profession inquiring the strength of the solution used. May I therefore state, for the benefit of those interested, that the liquor hydrargyri pernitratis used at the Metropolitan Free Hospital is obtained of Darby and Godsen, wholesale chemists, 140, Leadenhall-street, and contains twelve grains of the solid hydrargyri pernitratis in the fluid drachm.

I am, Sir, yours very truly,

Metropolitan Free Hospital, Oct. 1861. JOHN WARNER.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. BOUCHUT has drawn the attention of the Academy of Sciences to certain facts regarding the mortality of infants, which, though in themselves almost self-evident, are of quite sufficient importance to bear repetition. A careful examination of the hospital archives, embracing a period of twenty years, (from 1839 to 1859,) has enabled him to make the following deductions regarding the causes which affect the life of the foundling or of the offspring of the poorer inhabitants of Paris, whom want has compelled to confide their children to the care of the State. The present average of infant mortality in France, if a comprehensive view of all classes of society be taken, is one-sixth, instead of one-fourth as formerly, during the first year of life, deaths being more frequent in the case of the male than in that of the female sex. The proportion of children who die in early life is far greater in the lower classes than in the higher. Infant mortality generally is more considerable during the winter than at any other season, and M. Bouchut regards the exposure of young children to a low temperature, rendered inevitable by the existing rules of registration, as highly dangerous. I may here mention, parenthetically, that the law requires that all infants shall be taken to the office of the mayor within three days after birth for the purpose of being registered. In the case of those foundlings who are given in charge to nurses resident in the country, the ratio of mortality, as computed by M. Bouchut, is 11 per cent. during the first ten days of life, and 55 per cent. during the first year—a proportion considerably augmented when the infant is reared by hand. Residence in the immediate neighbourhood of Paris is found to be far more fatal to children in early life than removal into the surrounding departments—a circumstance accounted for by the overcrowded state of the population, and by the usual extension to the suburbs of the various epidemic diseases of the capital.

M. Maisonneuve has just laid before this Academy six fresh cases of removal of necrosed bone by the subperiosteal method, in all of which complete repair of the osseous tissue had followed the operation. In one of the instances referred to by this surgeon, the patient, a young girl living in a remote department (Ardennes), had travelled all the way to Paris for the purpose of having "a new bone put into her hand." The village schoolmaster, she maintained, had assured her that repairs of this nature were undertaken commonly enough in this capital. Complete extirpation of the necrosed bone (the fifth metacarpal) was performed on the 3rd of May, and, thanks to a good and vigorous constitution no doubt, by the end of the same month the girl was able to return home, with the object of her journey completely realized, and a new bone in place of the old one.

M. Demarquay likewise related the case of a young man, from whom he removed five inches of femur by the same method, with a like success.

A note addressed by M. Landouzy, of Rheims, to the Academy of Medicine, and read at Tuesday's meeting, contains some observations of interest on the subject of ægophony, and of its value as a diagnostic in pleurisy. The author states that the prevalence of Laënnec's views regarding this particular sound, and (as he believes) their practical fallacy, have induced him to publish the results of his clinical researches in connexion with this point. He remarks that in some cases ægophony, during the operation of tapping the chest, augments during the escape of the fluid, and remains well marked for several days after its evacuation; but that in others the sound diminishes as the chest collapses, and ceases entirely at the conclusion of the operation. Hence he argues that the existence of ægophony indicates neither the presence of effusion, nor its abundance, nor its limits, but purely and solely a particular condensation of the lung, due to the compression of the organ by the liquid as poured out in the first place, and occasionally persisting after its withdrawal. The effusion therefore is only an indirect cause of the abnormal sound. When the lung is compressed by the fluid contained in the pleural cavity, and no dense false membranes exist, the performance of paracentesis may abolish at once both the symptom of ægophony and that of dulness on percussion, the lung immediately regaining its normal capacity; but if false membranes of a solid and unyielding character have been formed, then the expansion of the organ is impeded, and ægophony will persist. "External compression," continues M. Landouzy, "produces ægophony in pleurisy, just as the internal compression in pneumonia produces bronchophony; and so long as the condensation of the lung in the former disease continues, so long does the sound, which has been heretofore thought to be inseparable from the presence of liquid, continue to be heard."

M. Mirault (d'Angers), a corresponding member of the Academy, subsequently read a communication on a question which eighteen years ago formed the subject of a very animated debate between M. Malgaigne and the ophthalmic practitioners of France—namely, capsular cataract. In 1843 the existence of capsular cataract was denied in the most formal manner by M. Malgaigne; and although the result of the prolonged discussion which ensued was to prove that this assertion was erroneous, yet it was only then for the first time ascertained that this particular pathological condition is excessively rare. The particular object held in view by M. Mirault did not seem, however, so much to be the confirmation of this now ascertained fact, but rather the impressing upon the mind of his hearers — first, the occasional occurrence of secondary capsular cataract; secondly, its amenability to well-directed treatment; and lastly, the possibility of applying the same measures with success in the case of the primitive form of capsular opacity. The treatment recommended in the memoir differs little from that usually resorted to in England for the purpose of quelling intra-ocular inflammation and hastening absorption, the plan being bleeding, general and local, purgatives, cutaneous revulsives, and external applications of belladonna or mercurial friction on the brow and temple. By such means the author of the essay states that he has been enabled to restore vision in 11 out of 14 cases.

The largest and best organized hospital laundry in Paris is that of the Salpêtrière. So well managed, indeed, are the various processes contrived for the purification of linen in that establishment, that it has become one of the lions of the capital. There is some intention, so I am given to understand, of increasing the present building, and of augmenting the hands employed, in order to convert this laundry into a central washhouse for the benefit of all the Paris hospitals. There exist already a general bakehouse, pharmacy, and cellar; and as the

system of centralization seems ever on the move forward, the rumour is probably true. One of the best of the recent improvements in this department of the Salpêtrière is the new method for drying the wet linen. It was formerly hung on lines stretched across a large room, heated by stoves. This plan was found to be prejudicial to the health of the attendants, by disposing them to rheumatism, &c.; and the abstraction of moisture is now effected by means of hot-air closets,—ovens, in fact, ranged round the walls,—the high temperature of which abridges the process, whilst it does not reach the air breathed by the work-people.

A French vessel, *La Jeune France*, has arrived at Pouillac from Havana, with yellow fever on board. Five of the crew were attacked with that malady during the voyage home, two of whom died. Every sanitary precaution, it was said, had been taken on arrival; but meanwhile, with the affairs of St. Nizaire fresh in our minds, it will be but prudent for the authorities to pause before giving free *pratique* to ships coming directly from the infected port.

A question of considerable importance to Paris has arisen since the effects produced upon the well at Grenelle by the flow at Passy have been observed—namely, whether the source whence the Artesian wells derive their supply can ever be exhausted? This question has recently been answered by M. Gaudin. He maintains that the stratum of sand whence the water is obtained, be its particles ever so closely packed, has interstices in its substance amounting to one-third of its bulk, and that every cubic metre of sand under water will consequently hold about 333 quarts of water. The layer of sand under the chalk may be represented by a circle of 160 kilometres radius (120 miles nearly), its superficial extent amounting to 80,000 square millimetres, and its thickness to 8 metres. The cubic contents of such a circle are therefore 640,000,000,000 of metres, which divided by 10,000,000, and then by 365, gives the quotient 175—namely, the number of years requisite to exhaust the supply of water, at the rate of 10,000,000 of cubic metres per diem. Such a calculation would be near the mark were the quantity of water to remain stationary, and never receive any addition from the infiltration of rain or river water. As, however, M. Gaudin calculates this increase to be something like half a metre per annum (the metre is a little more than a yard), the conclusion he arrives at is, that the Artesian wells in or about Paris must ever be inexhaustible.

During the last legislative session numberless petitions for measures to repress drunkenness were presented to the Senate. The Minister of the Interior has consequently addressed a circular to the prefects of departments, stating that, though the Government is not disposed to pass a special law for this purpose, yet greater vigilance is requested; and attention is directed to a more severe enforcement of the Act of 1851 relative to the closing of wine-shops and public-houses at certain hours.

The writer quoted in a leader in THE LANCET of Oct. 19th, who says "the dust of the house is a poison, a small portion only of which is generated within the house," is, I think, only partly right. The "dust of the house," as I believe, rises principally from the floor, and is produced by the friction and trituration of the planking against the joists and supports, as also by the wear of the carpet or other material covering the boards. Nail down closely a thick carpet, or, still better, do as is not uncommon here—glue to the floor a piece of impervious oil-cloth, and examine its under surface after a few months' wear, and you will find not only a general coating of dust, but also little ridges parallel with the axis of the planking and overlying the lines of contact between each separate piece. The drift of this observation is not, however, to "throw dust in your eyes," but, on the contrary, to lead you to a most practical result, and that in favour of the French habit, universally adopted in summer time, of waxing the *parquet* when the carpets are up. The beeswax employed for this purpose first of all penetrates more or less into the chinks of the wood, and blocks up the exit of the dust; and, secondly, overspreads the whole surface of the floor with an adhesive layer, which receives all the atoms which fall upon it in the manner of bird-lime, and prevents to a great extent that constant interchange of dust between the ground and the atmosphere which a current of air and the tread of the foot combine to keep up. English housekeepers who have lived in France can bear testimony to the comparatively small amount of dust which collects on the furniture during the summer, and this in spite of open windows, dry weather, and macadamized streets. The waxing process, in fact, answers the same purpose with regard to dust that the "catch-'em-alive" fly-paper does in the case of the troublesome winged insect—where it settles there it sticks.

A French *savant* (Dr. Autier) having undertaken some experiments with lucern, in order to test the medicinal properties of the bitter element it contains, has discovered the existence, in the roots of this plant, of a saponaceous principle far more abundant and active than that of soap-wort (*Saponaria officinalis*), it being possible to produce a large quantity of soap-suds by simply shaking up a root of lucern with water. These roots may be employed for the washing of wool, or the scouring of linen, silk, stuffs, &c. The saponaceous principle may be extracted by simply boiling the roots in spring or river water, either entire or beaten to a pulp. If in the latter condition, after half an hour's boiling all the soapy components may be separated. The roots may also be used for the purpose of cleansing house linen, and are found to be more powerful than the ashes commonly used for making lye in this country. In order to be preserved for use, the roots should be freed of the earth that adheres to them when drawn from the soil, and dried in the sun.

Docteur Véron, as announced in the *Constitutionnel*, has consented to resume his pen, and again to act as political and literary editor of that journal.

The weather is sharp and frosty, and this morning (five A.M., Tuesday) the thermometer is down to within three degrees of freezing-point; and most of the tender-chested members of the floating population are scampering off to Marseilles, *en route* for the sunny south. Pau is to be full, Hyères a desert; whilst Nice and Mentone are likely to receive (so I hear) more than their usual complement of quasi-invalids.

Paris, Oct. 29th, 1861.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 24th ult.:—

Belcher, Joseph Silverthorne, Charing-cross Hospital.
Leech, Daniel John, Manchester.
Lewis, William Hunter, Rawmarsh, near Rotherham.

The following gentleman also on the same day passed his first examination:—

Roberts, Frederick John, Manchester.

ST. THOMAS'S HOSPITAL.—We learn that there is not the slightest foundation for the rumoured union of St. Thomas's and St. Bartholomew's Hospitals.

THE ROYAL OPHTHALMIC HOSPITAL.—Mr. Poland, in consequence of his election as Ophthalmic Surgeon to Guy's Hospital, has been called upon, in accordance with the *genius loci*, to resign his appointment at the Moorfields Hospital. The vacancy thus occasioned has brought several candidates into the field.

UNIVERSITY OF LONDON.—The examination of candidates for the degree of Bachelor of Arts in this University commenced on Monday morning, the subjects being Greek, Latin, Grecian History, Animal Physiology, Mechanical and Natural Philosophy, Logic, and Moral Philosophy. The examination for honours in connexion with the same degree will commence on Tuesday, the 5th of November. The examination for the new degree of Bachelor of Science also commenced on Tuesday morning, the subjects being Chemistry, Geology, Palæontology, Animal Physiology, Mechanical and Natural Philosophy, Logic, and Moral Philosophy. The examination for the degree of Bachelor of Medicine will commence on Monday next, November 4th; and that for Doctor of Medicine on Monday, November 25th.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—A half-yearly general meeting of this Society was held on the 23rd October, T. A. Stone, Esq., President, in the chair. It appeared from the minutes read, that applications have already been made by 43 widows and 26 orphans for grants for relief for the ensuing half year, commencing in November, the amount of which reaches to over £950—an increasing sum which can only be provided by a perseverance in the custom of continually augmenting the capital stock of the Society. The limits from within which members of the Society can be elected were enlarged from the whole of Middlesex and seven miles from the General Post-office in Surrey, Kent, and Essex, into Middlesex as formerly and the limits of the London District Post in other directions—an extension which will take in a large number of practitioners now excluded from the advantages of the Society. Also, the age at which the orphans shall cease to

receive half-yearly grants was extended from fourteen (the age at which apprenticeships used to be entered upon) to fifteen years of age, with the power of receiving grants towards self-maintenance till the age of sixteen. Also, all registered practitioners were made eligible as members. An election of officers and directors for the ensuing year took place, as follows:—

President: Mr. Thomas Arthur Stone.—*Vice-Presidents:* Mr. Martin Ware, Mr. Everard A. Brande, Mr. John Nussey, Sir B. C. Brodie, Dr. Peter M. Latham, Mr. John Bacot, Dr. Thomas Turner, Mr. D. Henry Walne, Dr. A. J. Sutherland, Mr. Edward Tegart, Mr. Ed. Stanley, and Dr. Geo. Burrows. *Treasurers:* Mr. John Miles, Mr. James T. Ware, and Dr. G. Hamilton Roe.—*Directors:* Mr. A. B. Barnes, Dr. Edw. Dew, Mr. John Love, Dr. H. A. Pitman, Mr. Charles Collambell, Mr. Benjamin Travers, Dr. B. G. Babington, Mr. J. Wetherfield, Mr. John J. Sawyer, Mr. Thomas Brown, Dr. C. J. B. Aldis, Mr. Wm. Dickinson, Mr. J. C. Salisbury, Mr. Henry Blenkarne, Dr. T. King Chambers, Dr. John Clarke, Mr. Daniel Scannell, Mr. Prescott G. Hewett, Sir John W. Fisher, Dr. W. J. Little, Mr. J. Gregory Forbes, Dr. William Munk, Mr. Barnard W. Holt, and Mr. Charles Miles. The six last-named gentlemen were newly elected.

We consider it necessary to remind our readers that the families of members only can share in the privileges of the Society; and that members are elected at the four quarterly courts of directors, notices of which are always given by advertisement in the weekly medical journals.

THE LATE PROFESSOR QUEKETT.—This lamented gentleman succeeded Professor Owen as Conservator of the Museum of the Royal College of Surgeons. This appointment he only obtained five years before his death; and since that period his health had been so bad that he was unable to insure his life. Before this time his income (£300) was too small to enable him to do so. Dying at the early age of forty-six, he was quite unable to make any provision for his family. He leaves a widow and four sons. An effort has been set on foot to raise a sum of money for the purpose of starting his boys in the world when their school education is completed. The following gentlemen have formed themselves into a committee for this purpose:—Prof. Owen, F.R.S.; the Hon. and Rev. Lord S. G. Osborne; Dr. Bence Jones, F.R.S.; Prof. Geo. Busk, F.R.S.; Frank Buckland, Esq., M.A., M.R.C.S.; Dr. Lionel Beale, F.R.S., Hon. Sec., King's College, London. Bankers, Messrs. Twining.

MEMORIALS TO THE LATE MR. PORTER, MR. CUSACK, AND SIR HENRY MARSH.—The Royal College of Surgeons (Ireland) have commissioned Mr. Kirk, the eminent sculptor, to execute marble busts of the late Mr. Porter and Mr. Cusack for their hall. We also understand that the family of the late Sir Henry Marsh have employed Mr. Kirk to erect a monument to the memory of the illustrious baronet, in which a bust will be conspicuous, in Mount Jerome Cemetery.—*Dub. Med. Press.*

EXAMINATIONS IN FRANCE.—A board was lately held at Lyons to examine candidates for the grades of "officier de santé," pharmacien, herbalist, and midwife. Five candidates presented themselves for the title of officier de santé (demanding less extensive medical and literary education than the doctor of medicine), and were *all* rejected.

THE LIVERPOOL HOSPITALS.—A meeting was held last week in the Town Hall, Liverpool, his worship the Mayor (Mr. J. R. Graves) presiding, to take into consideration the present embarrassed condition of the Northern and Southern Hospitals, both of which have for some time past been in a rather languishing condition from the want of funds. It appeared that the sum of £800 was wanted to clear off the debt of the latter institution, and about £3000 for the former, which had suffered lately to a large extent by the defalcations of its secretary and treasurer. Besides the sums named, it was also stated that the Northern Hospital was in need of £1000 to make additions to its accommodation, rendered necessary by the increasing demands upon its usefulness. At the meeting referred to resolutions were adopted pledging those present to use every effort to carry out the object for which the meeting had been called. In furtherance of this intention, and in illustration of the spirit in which it had been taken up, subscriptions to the extent of £2600 were announced in the room.

A REMEDY FOR HYDROPHOBIA.—Although such remedies are for the most part deceptive, we just transcribe from the *Gazette Hebdomadaire* the following recipe said to be sent from Russia: Take of the powder of well-dried bulbs of the alysma plantago from 15 grs. to 53 grs., according to age, (namely, 15 grs. for an unweaned child, and 53 grs. for a patient of twenty or more;) of the flowers and leaves (in powder) of the cemsta tinctoria and origanum vulgare, of each from 10 grs. to 25 grs.; mix all these powders, add half-melted butter and crumbs of bread, and make pills which shall be taken for one dose. This dose should be repeated daily for four or even five days, if the bites are numerous and the disease has already broken out. It is to be taken fasting in the morning, save on the day of the accident, when it should be given as soon as possible. This is the first stage of the treatment. In the second, which ought to last two or three days, the patient should take, in one dose, powder of cemsta tinctoria and powder of campanula rotundifolia, of each from 10 grs. to 25 grs., suspended in from one to five tablespoonfuls of soup or cold water. This medicine generally gives rise to nausea, vomiting, vertigo, swooning, flushes, and palpitations. These symptoms, however, do not call for any interference, except the medicine be rejected, which circumstance would render it necessary to carry on the treatment for one day longer. The patient for a fortnight after cure should refrain from tobacco in any shape, as also from stimulating food, tea, or coffee.

VITAL STATISTICS.—The Registrar-General of Scotland reports that in the eight principal towns the deaths in September were fewer than in any September since the Registration Act came into operation, notwithstanding the increase of population. But the waste of infant life is always large in towns; and in Glasgow, that great city of nearly 400,000 souls, no less than 49 per cent. of the deaths in the month were of children under five years of age. The numbers, however, are constantly recruited, the births in Glasgow in the month (1194) amounting to almost double the number of the deaths (671); they were actually as 100 to 56. The returns respecting the weather show that the month was so wet that in Aberdeen rain fell on every day but three, and in Greenock the amount was 7·10 inches.

EFFECTS OF TOBACCO.—The author of an article in the *Gazette Médicale de Lyon*, in discussing the baneful results of the employment of tobacco, which are especially marked when used by the young, says:—"Tobacco-smoking lowers the intellectual faculties, in a direct manner by its action on the brain, and in an indirect way by predisposing to idleness, and in transforming the natural tendency to activity into a desire to remain in a state of inertia. In a moral point of view, it lessens the worth of the individual, and relaxes the family and social ties. ..... The habit becomes associated with evil tendencies, and strengthens them."

PROPHYLAXIS AND ARREST OF ASIATIC CHOLERA.—Dr. M'Cormac, of Belfast, in a letter to us, states that he believes he has established on the sure basis of experience, that the exhibition to each individual of one drachm of dilute sulphuric acid every morning, in some aromatic vehicle, coupled with the observance of ordinary sanitary rules, will avert the outbreak, or, if existent, arrest the further propagation of Asiatic cholera. He feels anxious, therefore, to diffuse the information in every possible way, for the sake of the medical men who may in future be called upon to treat the disease, and more especially for the sake of the probable or possible sufferers from Asiatic cholera in India and elsewhere.

RECOGNITION OF MEDICAL SERVICES.—The King of Holland has just conferred the Cross of Grand Officer of the Oak Crown on Dr. Marcelin Duval, Director of the Medical Department of the Navy at Toulon, as an acknowledgment of the kind and efficient treatment, by Dr. Duval, of a great many Dutch sailors suffering from epidemic ophthalmia.

LUNACY IN IRELAND. — The Inspectors-General of Lunatic Asylums in Ireland (Drs. Nugent and Hatchel) have just published their annual report, which gives a very satisfactory account of the results of the improved methods of treating the insane. It appears that the number of persons more or less afflicted with mental disease still at large in Ireland is 7120. Of these, 5469 are idiotic, and 1651 are insane. Idiocy prevails more among males than females, the number of the former being 3148, and of the latter 2321. Among lunatics the difference is not so great, the numbers being 866 males and 785 females. There are 2534 lunatics and epileptics in workhouses. During the years 1860 and 1861, the number admitted into the district asylums is 2575, of whom the large proportion of 1201 have been completely restored to health. The average number under treatment has been 8411. The proportion of recoveries on the number admitted is about 47 per cent.; on the whole number under treatment it is 14·27. The report states that more cases of insanity occurred in Ulster

in two months, during the late Revival movement, than had taken place in the rest of the year.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 26TH.—The deaths in London declined to 1065 in the week that ended October 19th; they increased but very slightly in the week ending last Saturday, when the number was 1087. Scarlatina is frequent at the present time, and fatal cases are numerous amongst children; but generally the population appears to be in good health, and the mortality from all causes is considerably below the average. The deaths from scarlatina rose last week to 96; those from diphtheria were 11. The deaths from typhus rose to 52 in the week; there were 5 from small-pox, and 10 from measles. Of the 52 deaths referred to typhus, 32 were caused by typhus and typhoid fever, 15 by fever, 2 by gastric fever, 1 by continued fever, 1 by infantile and 1 by bilious fever.

The births registered in London were—boys, 945; girls, 877.

Obituary.

S. R. PITTARD, ESQ., M.R.C.S.

MANY of our readers, especially those educated at King's College, will have experienced deep feelings of regret on reading the following advertisement, extracted from the *Sydney Morning Herald*:—"Funeral.—The friends of the late Mr. Simon Rood Pittard, late Curator of the Sydney Museum, are respectfully invited to attend his funeral, which will move from the museum on Wednesday, the 21st inst., (August,) at ten o'clock A.M.—N.B. No circulars will be issued."—Neither was there any occasion for circulars, to judge from the great number who attended to pay their last respects to the remains of this, "the noblest work of God, an honest man," for such was the colleague of Professors Owen and Quekett, of the Hunterian Museum. Truly does the above paper state, "that many of our English readers will learn with much regret, that Mr. Pittard, the Director of the Australian Museum—a man of high scientific attainments, and deservedly esteemed by a large and distinguished circle, is now no more, having died of peritonitis and of phthisis at Enmore, near Sydney, on Monday, the 19th of August, [just one day before the death of Professor Quekett,] in the fortieth year of his age, leaving a widow *enceinte*, and seven young children to deplore his loss." The subject of this short and imperfect sketch was born at Stembridge, Somersetshire, in 1821, and after the usual routine of a careful school education, came to London, and was entered as a medical student at King's College, of which institution he was subsequently elected an Associate, and also President of the Hospital Medical Society. On the completion of his medical studies he became a member of the Royal College of Surgeons and a Licentiate of the Society of Apothecaries, passing the former on the 6th of May, 1844, and soon after entered on a competitive examination for the appointment of student in Human and Comparative Anatomy, instituted by the College. This he obtained, and became at once the colleague and friend of Professor Owen, devoting himself most zealously under this illustrious master, and, subsequently, another colleague, Professor Quekett, in making the Hunterian Museum what we now find it. Marrying early, and having the care and provision of a rapidly-increasing family before him, he commenced practice in Lamb's Conduit-street, but not making that progress he expected, he was induced to look about for the succession to a practice by purchase. This soon presented itself by the death of Edwin Quekett, Lecturer on Botany at the London Hospital, and a brother of his colleague, the late Professor Quekett, whose practice he purchased, and taking up his residence in Wellclose-square, rapidly rose into public estimation, becoming Health-Officer of St. George's-in-the-East, the duties of which office he fulfilled with earnest and conscientious zeal. But general practice had few charms for Mr. Pittard; he therefore resigned this practice to his cousin, Mr. Stuckey, and attached himself more particularly to higher scientific pursuits. Having achieved a high reputation as a lecturer on General and Comparative Anatomy at the Aldersgate and Grosvenor-place Schools of Medicine, and subsequently at the Westminster Hospital School, he was selected, on the recommendation of Professor Owen, for the appointment of Director and Curator of the Australian Museum, and left England with his family early in November, 1859, to enter on the duties of his new and important office. Mr. Pittard at once became very popular; but overwork was quietly and insidiously doing its mischief, and at the conclusion of a course of lectures, his health failed so rapidly, that even the most sanguine of his friends entertained but small hopes of his ultimate recovery. The Sydney papers feelingly state that the last light emitted from the lamp now extinguished was an admirable series of lectures on the Classification of Animals. This difficult and intricate subject was handled by Mr. Pittard with consummate ability, and his lectures were attended by a large number of the principal personages of the community. Mr. Pittard was formerly sub-editor of the "Cyclopædia of Anatomy and Physiology," to which valuable work he was also a contributor.

JAMES RICHARD HANCORN, M.D.

DR. HANCORN was born in 1808 at Alderney, where his father held the post of Government store-keeper. During his boyhood his father was appointed to the custody of the Government stores at Priddy's Hard, in the Southampton waters. Of eight children, James was the sixth. He received his education at the school of Dr. Burney, at Gosport. At the age of fifteen he was articled to Mr. Jenkins, a surgeon of the same neighbourhood. He came to London in 1827, and entered at St. Bartholomew's. He obtained the licence of the Apothecaries' Society in 1829. For two years afterwards he acted as assistant to Mr. Terry, surgeon, of Aylesbury. He then settled in Sheerness, where he married the daughter of Arthur Kitt, Esq., and was appointed to the surgeoncy of the coast-guard of the Isle of Sheppey. In 1838 he obtained the membership of the Royal College of Surgeons, and in the same year purchased an extensive practice in Shoreditch. From this period to within two years of his death he fulfilled with strict integrity the duties of Medical Inspector of Accidents to the Eastern Counties Railway. In 1853 he graduated at Aberdeen, and on relinquishing practice in 1860 became a Licentiate of the Edinburgh College of Physicians. Amongst his contributions to medical literature may be mentioned his "Medical Guide to Mothers," "Treatises on Consumption, Asthma," &c., "On the Medical and Domestic Treatment of Bronchitis and Hooping-cough," besides various contributions on the "Physiology of the Liver," "On the Plug in Uterine Hæmorrhage," &c. The incessant harass of general practice told seriously on his health, and the death of his only son, a surgeon, at twenty-three years of age, so affected him, that he began to decline from this event. His disposition was affectionate to almost a fault, and this, together with his skill and success in practice, has endeared his memory to a very large circle of patients and friends. He died in the fifty-third year of his age.

GEORGE HICKMAN, ESQ., M.R.C.S.

THIS gentleman, many years assistant-surgeon of the Royal Horse Guards Blue, died on the 25th Oct., at Great Marlow, Bucks, aged seventy-six. The deceased became a member of the Royal College of Surgeons of England in 1807, and afterwards served for many years in the above royal regiment in Portugal, Spain, and France, during the Peninsular war, and had the Peninsular medal for his services at the battles of Vittoria and Toulouse. On his retirement from the army he practised for many years at Great Marlow.

MEDICAL VACANCIES.

THE election of a Surgeon to the Islington Dispensary, in the place of Mr. F. Mason, resigned, will take place on the 20th inst.

MEDICAL APPOINTMENTS.

DR. DAVID ROBERTS, of Great Dover-street, Southwark, has been elected Medical Officer to the Licensed Victuallers' School, Kennington-lane, in the room of Mr. George Odling, resigned, who held the office for the last thirty years.

Dr. Alfred F. S. Clarke has been appointed House-Surgeon to the Kent County Ophthalmic Hospital.

Dr. James Johnstone has been appointed Consulting Physician, and Mr. S. Berry, Consulting Surgeon, to the Birmingham and Midland Free Hospital for Sick Children.

Mr. W. T. Winter has been appointed Demonstrator of Anatomy at the Bristol Medical School, and Surgeon to the new (fourth) District of the Bristol Dispensary.

Dr. S. Hammond has succeeded the late Mr. R. Hacon as Poor-law Medical Officer for the Aldborough District in the Erpingham Union, Norfolk.

Mr. Morris Davies has been elected Medical Officer for the Llandwrog District, in the Carnarvon Union, vice Mr. Evan Roberts, resigned.

Mr. B. J. Tuck, late House-Surgeon at Guy's Hospital, has been appointed

Poor-law Medical Officer and Public Vaccinator for the third District of the Eastbourne Union, Sussex.

Dr. S. M. M'Swiney has been elected Physician, and Mr. H. J. Tyrrell, Surgeon, to Jervis-street Hospital, Dublin.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

13th Foot: Staff-Surg. D. J. Doherty, to be Surg., vice T. Ligertwood, M.B., appointed to the Staff. 45th Foot: Staff Surg.-Major F. C. Annesley, to be Surg., vice W. H. Fairbairn, M.D., placed upon half-pay. 54th Foot: Assist.-Surg. J. A. Lamb, from the 60th Foot, to be Assist.-Surg., vice T. Wood, M.D., appointed to the Staff. 90th Foot: The second Christian name of Assist.-Surg. Gardner is Turville, and not "Turnville," as stated in the *Gazette* of the 16th of July.

Surg. T. Ligertwood, M.B., from the 13th Foot, to be Staff-Surg., vice D. J. Doherty, appointed to the 13th Foot. Assist.-Surg. T. Wood, M.D., from the 54th Foot, to be Staff Assist.-Surg., vice A. Salter, deceased.

Commissions signed by Lords-Lieutenant.—Breadalbane Rifle Volunteer Corps: Dr. J. Reid, to be Surg. 13th Lancashire Artillery Volunteer Corps: T. Dyke, M.D., to be Assist.-Surg. 1st Brigade Cornwall Artillery Volunteers: W. Pace, to be Assist.-Surg. 5th Cornwall Artillery Volunteer Corps: Her Majesty has been pleased to accept the resignation of the Commission held in this Corps by Hon. Assist.-Surg. W. Pace. 9th Cornwall Artillery Volunteer Corps: Her Majesty has been pleased to accept the resignation of the Commission held in this Corps by Hon. Assist.-Surg. W. Pace. 21st Company of Surrey Rifle Volunteers: Geo. Down, Gent., to be Hon. Assist.-Surg. 40th Middlesex Rifle Volunteer Corps: E. Bletchley, to be Assist.-Surg.

Surgeons—J. T. N. Bremner, M.D., to be Surg.-Superintendent of the *Lord Dalhousie* Convict Ship; L. J. Monteith, to the *Absolon*; W. Patrick, to the *Porcupine*; Dr. J. M. Tronson, to the *Orpheus*; T. Craig, promoted to the rank of Surgeon. Assistant-Surgeons—M. Coates, to the *Orpheus*; Wm. C. Fairbairn, from Greenwich Hospital, to the *Flagard*, as additional; B. Crabbe, from the *Hawke*, to Greenwich Hospital. Acting Assistant-Surgeons—W. D. Longfield, to the *Firebrand*; N. T. Connolly, to the *Dotterel*.

Births, Marriages, and Deaths.

BIRTHS.

On the 4th ult., at Pentamer-cottage, Stoke, the wife of A. Murray, Staff-Surgeon, late of H.M.'s Ship *Absolon*, of a daughter.

On the 17th ult., at Warley, the wife of D. C. Campbell, M.D., of a daughter.

On the 22nd ult., at Lower Norwood, the wife of J. Sharman, Esq., M.R.C.S., of a son.

On the 25th ult., at the Tower, the wife of Surg.-Major Nicoll, Grenadier-guards, of a daughter.

On the 28th ult., at Tavistock, Devon, the wife of Eliot West, Esq., M.R.C.S., of a daughter.

MARRIAGES.

On the 14th of Aug., at Prome, A. J. Cowie, Esq., of H.M.'s Bengal Medical Staff, to Matilda, daughter of the Rev. J. Kincaid, D.D.

On the 27th of Sept., at the Parish Church, Cheltenham, Edwyn J. Slade-King, M.D., of Willow House, Wimbledon, Surrey, only son of J. King, M.D., of the Row Croft, near Stroud, to Mary Anna, only daughter of the late T. Sampson, Esq., of St. Sidwell's, Exeter and Colyton, and granddaughter of the late Sir James Kinlock, Bart., of Nevay.

On the 8th ult., at Llandeur Belfrey, Maurice Griffith Evans, M.D, of Narberth, to Jessie James, youngest daughter of the late Evan Genge, Esq., of Plascrwn, Pembrokeshire.

On the 9th ult., at the residence of the bride's father, Benjamin Ephraim Mosely, Esq., of Grosvenor street, Grosvenor-square, to Adeline, eldest daughter of B. Hyam, Esq., of Westbourne-terrace, Hyde-park.

On the 10th ult., at St. Andrews, Clifton, Henry E. Eastlake, M.D., to Margaret, eldest daughter of the late Rev. J. J. Skally, M.A.

On the 24th ult., at Walton-on-Thames, G. Arnison, Esq., M.R.C.S., of Allendale, Northumberland, to Sarah, eldest daughter of William Drewett, Esq., of Walton-on-Thames.

On the 29th ult., at Langford, Notts, J. Marsh, Esq., M.R.C.S.E., of Newark, to Rebecca, second daughter of T. Blagg, Esq., of Langford.

On the 30th ult., at Watford, F. H. Wilson Iles, Esq., M.R.C.S., to Georgiana Isabel, eldest daughter of Hyde Pidcock, Esq., and granddaughter of Dr. Pidcock, of Watford.

On the 31st ult., at St. James's, Bermondsey, Augustus Meacher, Esq., of Upper Montagu-street, Montagu-square, second son of Edward Augustus Meacher, Esq., of St. Margaret's, Herts, to Isabella, third daughter of the late George Haines, Esq., of Upper Grange-road, Bermondsey.

DEATHS.

On Aug. 20th, on his journey from Dera Ismael Khan to Jhung, J. Watkins, Esq., Assistant-Surgeon, Bengal, from apoplexy, aged 33.

Recently, George Wakefield, Esq., L.S.A., of Onslaton-street, Somers-town.

On the 16th ult., at Frederick-street, Sunderland, Frederic, the infant son of Frederic Paull, Esq., M.R.C.S., aged 13 days.

On the 22nd ult., Dorothea, the only daughter of C. Rose, L.R.C.P., of Barnes-place, Mile-end, aged 9.

On the 24th ult., at Southgate-terrace, Downham-road, De Beauvoir-town, J. Kidd Dow, L.R.C.P.

On the 24th ult., at Leeds, Wm. Bedford, infant son of Robert Cottam, Esq., M.R.C.S., of Leeds.

On the 26th ult., at Blechingly, Surrey, Frances Lovelock, the wife of E. Bouiger, M.D., aged 42.

On the 26th ult., at Alpha-road, Regent's-park, G. A. Morgan, Esq., M.R.C.S., late of Harbury, Warwickshire, aged 61.

On the 27th ult., at Brompton-orrsecent, Samuel Sedgwick, M.D., late of Antigua, West Indies, aged 64.

On the 27th ult., at Wimborne Minster, Dorset, Mary, relict of J. Carnegie, M.D., aged 75.

BOOKS ETC. RECEIVED.

Memoir of Baron Larrey.
Dr. Bennet on the Uterus.
Prof. Longet—Traité de Physiologie. Tom. I.
Mr. Hulke on the Use of the Ophthalmoscope.
History of British Sessile-Eyed Crustacea. Part I.
Mr. Moore on Diseases of India.
Dr. Munk's Roll of the Royal College of Physicians of London. Vol. II.
Dr. Wood's London to the Vatican.
Mr. Hunt on Diseases of the Skin.
Dr. Smith on Incontinence of Urine.
Mr. Benar's Forest Creatures.
Messrs. Gamgee and Law's Veterinary Anatomy.
Mr. Tuson on Spinal Debility.
Prof. Gaunt's Treatise on Physics, translated by Mr. Atkinson. Part I.
Dr. Kidd on Chloroform.
Mr. Clay's Introductory Lecture at Queen's College, Birmingham.
Dr. Sims on Amputation of the Cervix Uteri.
Petersburger Medicinische Zeitschrift. Parts I. to V.

Medical Diary of the Week.

MONDAY, Nov. 4
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Introductory Address by the President.—Mr. Herbert Miles (Royal Artillery), "On an Indian Remedy for Small-pox."
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. General Meeting. — Mr. Thomas Bryant, "Remarks on Vesico-Vaginal Fistula and Ruptured Perinæum, with the Introduction of Improved Means for Operating."

TUESDAY, Nov. 5
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, Nov. 6
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Dr. Marion Sims, "On Vaginismus."—Dr. Tilbury Fox, "On Puerperal Fever."
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, Nov. 7
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- CHEMICAL SOCIETY.—8 P.M. Mr. A. V. Harcourt, "On the Action of certain Gases on the Alkaline Peroxides."—Messrs. Abel and Field, "On some Results of the Analysis of Commercial Coppers."—Mr. Field, "On the Occurrence of Bismuth in Copper Minerals."
- HARVEIAN SOCIETY. — 8 P.M. Mr. Harry Lobb, "On Puerperal Paralysis."

FRIDAY, Nov. 8
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, Nov. 9
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

A Druggist.—The medical uses of the oil of pimento are very limited. It is sometimes employed to relieve toothache, to correct the acidity of purgative agents, and also in the preparation of the officinal essences, spirit, and distilled water.

Dr. Bass is thanked for his communication.

An Undergraduate.—No particular books are recommended. The Council decline to do so.

Nemo.—Not if he be qualified under the Act.

THE conclusion of *Mr. Hilton's* fifth Lecture is postponed in consequence of the author's proof not having been received.

Mr. E. Fernie.—There are no means of preventing such objectionable practices.

J. S.—Yes.

ARMY ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—In answer to a query of "A Volunteer Surgeon" in your number for October 19th, I beg to inform him that assistant-surgeons of garrison (foot) brigades of artillery are *not* mounted on review or field days; the only mounted officers being the colonel, lieutenant-colonel, surgeon, and adjutant. All assistant-surgeons, however, of field brigades are mounted officers.

Yours truly,

AN ASSISTANT-SURGEON, GARRISON BRIGADE, R.A.

Channel Islands, October, 1861.

F. L.—We believe that the British Museum possesses skins of 4200 species of birds. The number of described species is about 8300.

COUNTRY DOCTORS AND THE "SATURDAY REVIEW."

To the Editor of THE LANCET.

SIR,—There is a great deal of truth in what the disappointed and unsuccessful London Docter have written in the *Saturday Review* of the 7th September; there is much also that is erroneous; but puting it all together, truth and all, he have put it on wrong grounds, and come to wrong conclusions, which it is altogether deceiving to hisself and the publick.

We are practical men, Sir, in the country; we go upon practice because theories is difficult and uncertain. Many of us have worked away under Abernethy, Cooper, Lawrence, Gooch, Brodie, and such like old fogies, and many since these times under Liston, Williams, Bright, Addison, Paget, and such like novices, which it was much to our credit, as we foolishly thought at the time; but we were misguided ignorami (i like to do the Lattin all right, Sir).

Well, Sir, we go upon practice. I read Dr. Prout's first work (dear old Prout, "sardus ad strepitum," as Dr. Wilson aptly put it; I like to bring in my Lattin, Sir), and having larnt a little about magnetism and alchymy, I was able to understand all about the trippel phosphates, earthy salts, lithuis, composition of calculli, and so on. Dr. Prout, Sir, furnished the brains of the top-sawyer London physicians, and many of them *sucked* so much that it lasts them to this time, with the help of Golding Bird and his oxalats. Why, Sir, a gent with a pale sallow face goes to the London docter. "Oh," says the Dr. to hisself, "nitro-muriatic acid" (clever, penstrating docter!); however, he looks very wise, pulls forth his stethoscope from his literary table (a rapper, Sir, no doubt), taps, listens, percussates his eppatic region, then gives a learned lecture as though he was an orriginal perthologist, which it is very eddyfying and astounishing to the mind of the patient. Now, Sir, we know our man and our case, and go dab to the mark without pertending to be conjurors. But Prout, Bird, and others are being snuffed out (old muffs, Sir).

Then comes Dr. Liebig. He tells us how we eat nitrigen, oxigen, and carbon, and how we make a fire in our boddies to keep us warm (and make fat at the same time), and how we make and breed poison and get rid of it, which it is all very wonderful, as Solomon and Dr. Paley (what hospital did he belong to, Sir?) have said and showed to us. But they all make great mistakes; brandy and gin (what's called alkohol) don't make carbon, as Dr. Liebig says, they goes straight forards to the brain and nerves, and the French chymists have distilled it all back again (it would greatly improve the wits and the toddy, Sir, of the London physicians).

Then Sir C. Bell tells us all about the grey and white, and the anterior and posterior nerves, and many wonderful things; but we could not cure our paralatic patients with anything he showed us; nor Dr. Marshall Hall, who told the London docters what they couldn't and wouldn't understand, and so they snubbed him, whilst we country ignorami upheld him; but though we studied his nervous system from the center to the perifery, his diastaltic and catastaltic functions, the nervous arcs and the exodic and exodic nerves, and his recurrent system, we cannot stop opylepsy nor newralgia. But brown Sicard was the astonisher with his nervous network, that's always a running up and down and everyway, and beat all the nervous docters into fits. A man has a ulcerated cornia, the Dr. spies out as he have cut his face a shaving; the Dr. claps a poultice on the cheek, and the eye gets well. But the country gents ('drat 'em), they won't get well; the Dr. says I don't tackle the right nerve, which it was very disapointing after such hard reading.

So wheres the harm of physicking and bleeding. Lor bless you, Sir, poor Cavoor wasn't half bled (they only uses small pewter porringers, we uses large basons now), and their lancets is fleabites. Oh! if they was to see mine; I name them all, when they have earned their keep, Alexander, Napoleon, Washington (the Americans don't bleed for their country now), and many others; the last one named was Garibaldi.

A man gets worn to death's door, has pleuro-pneumonia and typhoid feaver. We don't mind pulse 120, furred tongue, and delirium; but when it gets 130, tonge broun, dry, and very red, and abdomen timpannitic, and picking the bed-clothes, then of course we bleed and physick strongish. If the case is obstinate, we go upon this safe rule—viz., bleed every time the pulse rises 10 more, for all this is a sign of inflimation. Sometimes the case is obstinate, and the patient "succumbs" (thats how the great folks goes off; the docters never lets them die, not they!). We tell the reviving friends at once "that the case wasn't took in time." So you see, Sir, we go all upon practice. Now the London physicians go upon theory, and this accounts for their never agreeing, which it is true, as I said just now, Sir, theory is difficult and uncertain. If you get a case of lunacy or imbecility, there's two counsel on each side, and two docters ditto. Two prove the man *compos mentis* (is that right, Sir?), and two decidedly cracky (I do not mean the docters, sir); both opinions was right, because 'twas founded on theories of physiological and parthological peculiarities. The other day, Sir, a lady applied to one of our first physicians; he cured her newralgia with opium, but she died in twenty-four hours, this drug having exacerbated the morbid condition of the blood caused by disease of the kidney, which she didn't ought to have died; the docter's theory was right, for he cured the newralgia. Another celebrated docter (a *Toddyan* practitioner) gave a patient several grains of morphine under protracted acute rhumatism; the patient was relieved from pain, and "getting better," but against all theory "succumbed." The juries in each case gave a verdict against the medical treatment (stapid dogs! they should have been Lynched; what do they know of medical theories?) Some time ago a party came to me with pain in the *dextere regione lumborum et iliaca* (I have not forgotten the Lattin nonmenclature, Sir, thanks to the classic Barclay); he was a stoutish, goutyish gent, and had red sand. I thought he had calculus in the kidney or writers; but he did not get better, and went to the most experienced physician in London and one other. They said 'twas disease of the colon and ilium, and they gave him a black draught for fifty-two mornings following ('tis *as true as I write*, Sir); but he got weaker, and thinking he was likely to "succumb," came home, and in ten days passed a small stone, and got well. I could tell you many such stories (all true) that would ruin me over and over again. Of course, Sir, we often give three or four doses of black draughts (we keep them in tins, hanst. fort. and haust. nit., all in the cost, as they are apt to foment; it would do your stomach good to look at them). It excites action in the kidneys and writers, I have no doubt, and thus draws down the foreign body (you see, Sir, I am not agin a good sensible theory). We haven't got much mortality in the country, 1 in 120 per ann.; amongst the London docters 'tis 1 in 75; but their theories is right after all.

I could tell you much more about the moderns, and bring old ancient authorities to bear; but I will only mention a dicktum (*cwor*, Sir) of Hypocrates; he said that "when one man to elevate himself asperses others, it was *ουν γαμμον*."

Yours truly,

October, 1861. Ουδε γαμμον.

Krimea.—There would appear to be some prejudice in European nations against the use of it in manufactures, except as relates to ornamental hair for the head and face, and a certain kind of ornaments like bracelets and rings. But human hair may be manufactured into anything, and would form admirable cloth of a massive and heavy texture like pilot-cloth, or that used for travelling or mountain wear. We may refer our correspondent to a paper upon "New Manufactures from Human Hair" in the fifteenth number of the *Technologist*, in which he will find something to his purpose.

Dr. Strange's request shall be complied with.

A Correspondent must authenticate his communication.

Student.—Two years after the commencement of professional education.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND AND ITS M.D. DEGREE.

To the Editor of THE LANCET.

SIR,—With "Medicus," I think "a spade should be called a spade;" and if he can point out when Licentiate-Physicians were ever styled anything but Doctors, then I will join with him in reprobation of the College in Dublin. For two hundred years or more they have been so considered, and I think he will find it very difficult to make people believe that there has been a mistake in the matter all this time.

In the Charter of the King and Queen's College of Physicians in Ireland, granted by William and Mary, and Acts of Irish Parliament, 1 Geo. III., cap. 14, made perpetual by Act 30, Geo. III., cap. 14, sect. 11, he will find the Fellows and Licentiates of the College described as Doctors of Physic. The extracts given by "Medicus" from the Lord Chief Justice's judgment in Barker's case are of no import; the unanimous opinion of the Court being that, in consequence of the wording of the Medical Act of 1858, they had no power to compel the Registrar to add M.D. to the qualifications of the College, however clearly the right might exist to confer such degree.

Many years ago that profound lawyer, Coke, called the Licentiates of the London College of Physicians "Doctors of Physic of the College in London," in contradistinction to University Doctors. I presume "Medicus" will admit Coke to be an authority. My reason for stating that the College authorities in Pall-mall had not acted with candour was because they loudly and lawfully proclaimed their right to confer the Doctorate at the time of the institution of the University of London; and now, when compelled by the action of the Colleges of Physicians in Ireland and Edinburgh to admit general practitioners into their body, they pass bye-laws to prevent their new Licentiates assuming their proper title.

In consequence of the objections of the carping few, it is highly desirable that all Licentiate-Physicians, who have not already assumed the title of Doctor, should at once do so; and until the repeal of the bye-laws of the College in Pall-mall, it is equally important that students and medical practitioners should abstain from going there for a diploma, the position of the few new Licentiates being false, and decidedly inferior in status to the Licentiates of the sister Colleges in Ireland and Edinburgh.

I am, Sir, faithfully yours,

October, 1861. A PHYSICIAN.

A Dentist.—If our correspondent desire to read some good remarks upon the nuisance of the advertising system, let him refer to the *British Journal of Dental Science* for the present month (No. 64, vol. iv., p. 273).

Press.—Both qualifications are necessary.

Pater.—The hospital has a special ward for the disease.

A Lecturer.—It was passed in 1832.

Z. C. P.—Not according to the regulations of the Poor-law Board; but it is allowed in exceptional cases.

Mr. J. Jones.—Either of the gentlemen named.

L. M. J. will gain no advantage by taking the step he mentions.

A SERIES OF QUERIES.

To the Editor of THE LANCET.

SIR,—Any of your numerous correspondents conversant with sanitary inquiries will greatly oblige me, and perhaps be of no small service to humanity, by communicating, through the medium of your valuable journal, answers to the following queries:—

1. Which is the cheapest, simplest, and readiest method of preparing carbolic (phenic?) acid?
2. The best way to apply it?
3. Is it of use in open drains, such as one meets with in Germany?
4. How long does it act as an antiputrescent when exposed to the air? I mean when mixed with or poured over fecal matter.
5. What is the best and cheapest method of rendering crinolines, and ladies' dresses in general, incombustible? I have tried, in vain, starch containing one-tenth of sulphate of ammonia.

I remain, Sir, yours very truly,

Brussels, October, 1861. JOHN PERKINS, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Owen; Dr. Brown-Séquard; Mr. Hilton; Dr. Brinton; Mr. Buckhall; Dr. Harley; Mr. S. G. Freeman; Mr. G. T. Keele, Highbury; Mr. J. Haynes; Dr. Strange, Worcester; Mr. J. Warner; Dr. O'Connor; Mr. R. Ellis; Mr. E. Fernie Mr. H. Woolley; Dr. Cregeen; Dr. W. Mair; Mr. J. Rolph; Dr. Roberts; Dr. Walter Scott; Messrs. Dawson, Montreal; Dr. Bidwell, Albrighton; Mr. H. Thorne, Oakham, (with enclosure;) Mr. W. W. Lloyd, Birmingham, (with enclosure;) Mr. F. J. Money, (with enclosure;) Mr. W. C. Armison, Stanhope; Mr. J. Turnbull, Liverpool; Mr. S. A. Parker, Birmingham; Mr. W. Rose, High Wycombe; Mr. W. Stanway, Macclesfield, (with enclosure;) Mr. Potter, (with enclosure;) Mr. W. Spalding, Broomhall, (with enclosure;) Mr. J. S. Pratt, Sheffield; Dr. S. W. J. Merriman; Mr. T. Pennington, Liverpool; Mr. J. Ullathorne, Diddridge, (with enclosure;) Mr. E. T. Keys, Woolwich; Messrs. Newbery and Sons; Mr. Hebblethwaite, Bawtry; Mr. Warburton, Pateley Bridge; Mr. Staniland, (with enclosure;) Mr. Pratt, (with enclosure;) Mr. Gay; Mr. Cowan, Melrose; M.D., M.R.C.S., &c.; A Correspondent; L. M. J.; Assistant-Surgeon, R.A.; An Undergraduate; A. B. C., (with enclosure;) F. O. C., (with enclosure;) M.D.; A Physician; A Medical Anti-Epiphyte; A Student of King's College; P. D.; &c. &c.

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per dozen; superior do., 36s., 42s.; old Port, 36s., 42s., 48s., 54s.; pure sound Claret, 18s., 21s., 24s., 30s.; St. George, 18s.; Beaujolais, 21s.; Macon, 24s., 30s.; Champagne d'Epernay, 48s., 54s., 60s.; Still Hock (vintage 1857), 30s., 36s. Real Cognac Brandy, 42s.; old, 60s.; very superior, 72s.; finest old Whiskey, Irish or Scotch, 42s.; old Jamaica Rum, 42s.; best Gin, 30s.; Hollands, 36s. per doz. £5 worth carriage free by rail. Price lists post free on application.—W. S. MARSHALL, purveyor to the Queen, 20, Strand, W.C.

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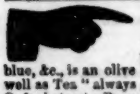

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THE LANCET (p. 318) writes: "The Green, imported by Horniman & Co., not being covered with Prussian blue, &c., is an olive hue; the Black is not intensely dark." Wholesome, as well as Tea "always good alike," is thus obtained. In packets. Gould, 198, Oxford-street; Purssell, 80, Cornhill, London—Smith and Sons, Norwich—Reinhardt and Sons, Leeds—Ferris, Townsend, Lamotte, & Boorne, Bristol—Banks and Son, Birmingham. Agents (chiefly CHEMISTS) in every town.

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